



Oxfordshire County Council

ANNUAL REPORT

OF THE

HEALTH AND
WELFARE SERVICES

FOR THE YEAR

1967

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HEALTH DEPARTMENT
103 BANBURY ROAD
OXFORD

To the Chairmen and Members of the Health Committee and Education Committee

MY LORDS, LADIES AND GENTLEMEN,

I have the honour to present the annual report for the year 1967.

The vital statistics show that the population increased by just over 10,000 persons. The birth rate fell for the second successive year so that, despite the population increase, there was little change in the total number of births. The infant mortality rate was the lowest yet recorded. The death rate was lower than the national average but attention is drawn to the fact that over the past fourteen years the numbers of deaths in men from cancer of the lung have more than doubled, whereas in women the numbers, although smaller, have trebled. It remains to be seen how much longer these increases will continue before a change takes place in our smoking habits. Deaths from coronary thrombosis, another disease associated with cigarette smoking and more common in men than in women, have also more than doubled since 1954.

The present national policy is that all ill or disabled persons who do not require hospital treatment or care should be looked after in their homes by general practitioners with the assistance of the community health and welfare services. Although this may appear self-evident, estimates of numbers of patients who are not in hospital entirely for medical reasons have indicated that further increases in home care can be expected. Other figures showing how durations of stay of patients in hospital for the same operations or illness vary more than two-fold from one hospital to another point to the same conclusion. These facts emphasise the extent to which the local authority and hospital services are interdependent in the areas they serve. Between 1948 and 1966 the number of patients treated in hospitals in this country increased by 60% whereas the number of hospital beds decreased slightly. It has been estimated that the increase in patient turnover has been the theoretical equivalent of building over a hundred new 800-bed hospitals. Prolonged bed rest has been replaced by early ambulation which results in fewer complications and shorter stay in hospital. Lengths of stay in teaching hospitals are in general less than in hospitals provided by Regional Hospital Boards, another factor which has a direct influence on the demands of the community health services in Oxfordshire which is served mainly by the United Oxford Hospitals. It is clear that the need for services in the patients' homes are not static but are growing and will continue to grow with increases in medical knowledge and technological developments. This is illustrated in the section of the report dealing with nursing equipment and domiciliary aids which refers to the establishment of the renal dialysis (artificial kidney) unit at the Churchill Hospital: a new form of treatment which will be supported by home care. Another example is the Patient Operated Selector Mechanisms (POSSUM) for severely disabled patients, which is still in the research stage. When, in addition to these advances, it is appreciated that the increase in the County population over recent years is 13.7% as compared with the national average of 4.5%, and that few, if any, counties have a more rapid population growth than Oxfordshire, the difficulties of providing a domiciliary health service are seen in true perspective.

In order to meet this demand the links between nursing staff and general practitioners have been strengthened further to help them to work together as a team.

Part-time nurses, nursing auxiliaries, and home helps have all contributed greatly; many health visitors are now delegated to work with individual practitioners and the arrangements for cross-county visiting with Berkshire have been maintained. At Bicester an agreement with the hospital committee has resulted in the hospital midwifery unit being staffed by County midwives working with honorary contracts. This is the third hospital with which joint arrangements have been made.

Without doubt the greatest demands on the local authority services are made in the care of the elderly. The close associations with the staff at the geriatric day hospitals at Banbury and Oxford have helped to meet some of the problems. But the fact that the number of hospital beds that are necessary to serve mid-Oxfordshire is so far below the accepted requirements has created a situation which cannot be solved simply by repeating the well-worn phrases, liaison, co-operation, co-ordination and integration. Only a new geriatric hospital unit or more hospital beds can provide the service that is required.

Agreement was reached with the Executive Council for the provision of health centres at Berinsfield and Kidlington, and a suitable site for a centre has been found at Sonning Common. Further services for the public have been made available at the Nuffield Health Centre, Witney, and at the other County clinics. At Chipping Norton the proximity of the clinic premises to the Cottage Hospital and the new County welfare home should make it easier to provide geriatric services. The majority of clinic premises have proved suitable for the requirements of the Family Planning Association and it seems certain that the important Family Planning Act, which is probably the precursor of population control in this country, will lead to further requests for advice and practical help for planned parenthood as an essential aspect of family welfare.

Throughout the year the ambulance services were administered by the Joint City and County Ambulance Committee. Despite all attempts to control demands on the service, the numbers of patients and the mileage travelled rises each year. Oxfordshire is one of the few authorities to welcome the Ministry proposal that, since the overwhelming majority of requests for ambulances are made by the hospitals, and since the service is virtually controlled by the hospitals, it is only realistic and business-like that they should be made responsible for their management. The high costs in Oxfordshire are related to the mental and geriatric day-hospitals; the fact that the County is largely served by a teaching hospital with the extra demands this entails; the development of a district hospital in Banbury; and the rapidly growing population. On June 1st, after discussions with representatives of the public and doctors, it was decided that for a trial period the staff at the Kidlington Ambulance Station should be transferred to Oxford, and that supporting cover should be provided from the stations at Bicester and Witney. After a period of nine months it was found that the service was satisfactory so the arrangement has been made permanent.

There have been no serious outbreaks of infectious disease during the year. Special attention, however, is drawn to the section of the report which deals with tuberculosis. The reduction in the incidence of this infection is due almost entirely to constant, unspectacular, and detailed preventive measures such as the vaccination, and examination where necessary, of school children and immigrants. When a case is notified an exhaustive search must be made to establish the focus of the infection by examination of contacts at home and at work, and by checking on the milk supply. But, as is shown all too clearly in the report, even the most conscientious methods cannot succeed where public apathy results in spread of infection, debilitating illness, and unnecessary loss of manpower in industry.

Further developments took place in the mental health services when Dailey Hill House, a residential home for subnormal adults of both sexes, was opened in the autumn. The residents are working either at the nearby industrial training unit or in local employment. The Industrial Training Unit at Banbury was completed towards the end of the year. This provides excellent premises from which the trainees can be trained for open employment as far as is possible; it has also relieved overcrowding in the present unit and enabled it to function solely as a training centre for children in conjunction with the residential home at West Bar. Hitherto, mentally handicapped children in the south of the County have been able to use the training centre facilities at Borocourt Hospital. It now appears probable that this facility will not continue and accordingly discussions are being held with representatives from Reading and Berkshire with a view to providing alternative accommodation.

The new County welfare homes at Woodstock and Chipping Norton were opened in July and December respectively. The latter home has been especially welcomed by local residents as it has enabled a number of handicapped and senior citizens to return again to their home surroundings in the Cotswolds, where they can live near their relatives and friends, renew old associations, and pick up the threads of past interests and activities. Good progress has also been made on the welfare home at Thame; but the Ministry decision to defer a new welfare home at Banbury to 1970 has come as a great disappointment. With every year that passes, more nursing care is necessary for residents in welfare homes, more ingenuity is required in providing aids and appliances, and more measures have to be thought out to overcome disabilities associated with old age and infirmity.

The services for the homeless were improved and extended following the completion of three flats in October for the rehabilitation of homeless families as a stepping-stone to their return to community life. There is now a clear understanding of the value of keeping the family together as a unit and of the deterioration and harm that follows when a family breaks up. The Health Department has co-operated in other measures to co-ordinate the Council's social services where several departments are trying to help the same family, and a series of meetings was held with representatives from the Health Department, the Children's Department and the District Councils at which there were useful exchanges of views and frank expressions of the difficulties and responsibilities which faced each authority.

The work for the handicapped has continued to increase through the work provided by the occupational therapists, not least in the group classes which enable the infirm to leave their homes and work with others with similar handicaps. This helps their morale tremendously. The appointment of a fifth teacher for the blind has enabled a more comprehensive service to be provided. At Banbury the new community centre for the deaf has got off to a good start, and in September a trainee welfare worker was appointed to meet the needs of the deaf with speech, and the hard of hearing. Meetings were held between representatives of the different services for the handicapped to ensure they worked together and avoided duplication.

Towards the end of the year the sad news was received of the death of Dr H. C. Jennings, Medical Officer for Oxfordshire for 21 years from 1932 to 1953; and early in the New Year the Committee learned with deep regret of the death after a long illness of Dr A. J. Campbell, Medical Officer of Health for North Oxfordshire from 1933 to 1965.

Further particulars of the health services are included in this report, which has been compiled by members of the staff. It gives me much pleasure to thank them for all their hard work, and for the support and help which they have given throughout the year.

I have the honour to be,

Your obedient servant,

M. J. PLEYDELL

County Medical Officer of Health

COMMITTEES AND STAFF

MEMBERS OF HEALTH COMMITTEE

Mr G. A. Potts, OBE, MC, Chairman
Mr H. A. Farrant, Vice-Chairman

Council Members

Dame Henrietta Barnett	Mr L. T. Gadge	Sir George Schuster
Mr H. R. H. Clifton	Mr R. E. Groves	Mr R. C. Surman
Lt. Col. G. Colchester	Mrs S. R. Keays	Mr R. E. Tarrant
Mrs W. D. de Pass	Mrs B. Ledger	Mr L. J. Tustian
Mr T. L. Easby	The Viscountess Parker	Mr R. C. Weir
Mr H. A. Farrant	Mr G. A. Potts	Mr H. J. Wood
Mr J. A. Fenemore	Mr W. R. Preston	Mr T. E. Worth

Co-opted Members

Oxfordshire Nursing Federation Representatives :	The Countess of Macclesfield The Hon. Mrs H. Wyndham
Area Executive Council Representative :	Dr G. D. Bolsover
Oxford Regional Hospital Board Representative :	Mrs M. S. Nowell-Smith
Other co-opted members :	Mr E. F. Lambourne Dr J. A. Currie Mrs B. Walker

Finance, General Purposes, and Mental Health Sub-Committee

Mr G. A. Potts, Chairman	Sir George Schuster
Mr T. L. Easby	Mr R. C. Surman
Mr H. A. Farrant	Mr R. E. Tarrant
Mr L. T. Gadge	Mr R. C. Weir
Mr R. E. Groves	Mr H. J. Wood
The Viscountess Parker	Mr T. E. Worth

Domiciliary Services Sub-Committee

Mr H. A. Farrant, Chairman	<u>Co-opted</u> The Countess of Macclesfield Mrs M. S. Nowell-Smith The Hon. Mrs H. Wyndham
Dame Henrietta Barnett	Mrs B. Ledger
Mrs S. R. Keays	Mr G. A. Potts Mr R. C. Surman

Banbury Day Nursery Sub-Committee

Mr W. Fox, Chairman	<u>Co-opted</u> Mr W. Fox Mrs M. A. Johnson
Mr T. Stoton (representing Banbury Borough)	
Mrs B. Ledger	
Mr L. J. Tustian	

Welfare Homes Sub-Committee

Mr G. A. Potts, Chairman	Mr L. T. Gadge	<u>Co-opted</u> Dr J. A. Currie Mr E. F. Lambourne
Dame Henrietta Barnett	Mrs B. Ledger	
Mr H. R. H. Clifton	Mr W. R. Preston	
Lt. Col. G. Colchester	Mr R. C. Surman	
Mrs W. D. de Pass	Mr L. J. Tustian	
Mr H. A. Farrant	Mr H. J. Wood	
Mr J. A. Fenemore	Mr T. E. Worth	

STAFF

County Medical Officer of Health	Dr M. J. Pleydell, MC, MD, DPH
Deputy County Medical Officer of Health	Dr H. H. John, MA, MB, BCh, DPH, DCH, DRCOG
Senior Medical Officer	Dr J. H. M. Tilley, MA, MB, BCh, DPH
Senior Assistant County Medical Officer	Dr Dorothy M. H. Roberts, MB, BS, MRCS, LRCP
Assistant County Medical Officers (part-time)	Dr L. H. Brearley, MB, BS, MRCS, LRCP, DPH Dr P. M. Green, MB, ChB, DPH
Medical Officers of Child Welfare Clinics (part-time)	42 general practitioners
Consultant Chest Physician (part-time)	Dr J. M. Black, MD, ChB
Consultant Physician in Geriatrics (part-time)	Dr R. A. Griffiths, MA, BM, BCh, MRCP
<u>Nursing services</u>	
County Superintendent Nursing Officer, Superintendent of Health Visitors, Non-medical Supervisor of Midwives	Miss E. Richards, SRN, SCM, MTD, HVCert, QNS
Supervisor of District Nurses	Miss A. M. Appleby, SRN, SCM, HVCert, QNS
Assistant Supervisor of District Nurses	Miss E. J. Nunn, SRN, SCM, HVCert, QNS
Deputy Superintendent of Health Visitors	Miss C. E. Henry, SRN, SCM, MTC, HVCert
Health Visitor and Tuberculosis Liaison Officer	Miss M. E. Haslam, SRN, SCM, HVCert
Health Visitors/School Nurses	45
Clinic Nurses	7 (1 full-time, 6 part-time)
District Nurse/Midwives	53 full-time, 18 part-time
Nursing Auxiliaries	6 part-time
<u>Dental services</u>	
Chief Dental Officer	Mr T. Lucas, LDS, RCS
Area Dental Officers	Mr R. L. Davies, LDS, RCS Mr J. A. Theakston, LDS, VU(Manc)
Senior Dental Officer	Mr R. L. Batty, LDS, RCS
County Dental Officers	Mr H. L. Davies, LDS, RCS (retired 30. 9. 67) Mr J. R. Fortescue, LDS, RCS Mrs J. Higgs, LDS, RCS Mr J. A. Hoyle, BDS, LDS, RCS Mr G. Ogilvy, LDS, RCS Miss R. P. Salt, BDS (appointed 2. 10. 67)

Dental Auxiliary	Mrs J. E. Harris (appointed 18. 9. 67) Miss E. A. Key (resigned 1. 9. 67)
Dental Hygienist	Mrs C. A. Bradford (resigned 1. 9. 67) Mrs S. Jackson-Stevens (appointed 2. 10. 67)
Dental Surgery Assistants	Mrs M. E. Adams Mrs J. V. Burnett (appointed 25. 9. 67) Mrs J. M. Capel Smith Miss B. Church (resigned 10. 3. 67) Mrs V. A. Coxeter Mrs G. Crapper (appointed 25. 9. 67) Mrs L. I. Davies (retired 30. 9. 67) Mrs K. M. Lamb (resigned 21. 7. 67) Mrs H. F. Ledlie (appointed 3. 4. 67) (resigned 27. 9. 67) Mrs A. Morris (appointed 25. 9. 67) Mrs G. R. Pickering Mrs K. M. Shepherd Mrs J. Syson (appointed 28. 9. 67) Mrs E. L. Tombs (resigned 1. 9. 67)
<u>Welfare services</u>	
Welfare Services Officer	Mr J. W. Crossley
Deputy Welfare Services Officer	Mr M. Farr
Welfare Officers (part-time)	Mr W. R. H. Beehag Mr R. C. A. Charlett Mr E. B. Holgate Mr A. W. Shepard
Medical Social Worker	Miss K. R. Snell
<u>Home help service</u>	
County Home Help Supervisor	Mrs M. E. Baker
Area Home Help Organisers	Mrs A. Aspinell Mrs N. Y. Garland Mrs B. J. Harris Mrs M. M. Smith
<u>Mental welfare services</u>	
Chief Mental Welfare Officer	Mr H. S. Heady
Senior Mental Welfare Officer	Mrs H. M. Watchorne, RMPA, RMN
Mental Welfare Officers	Mr G. J. Cooke, RMN Mrs V. R. Hulse, BA Mr T. Kenny Mr J. R. Paine, RMN, SRN (appointed 3. 7. 67)
Mental Welfare Officers (part-time)	Mr W. R. H. Beehag Mr R. C. A. Charlett Mr E. B. Holgate Mr A. W. Shepard

Industrial Liaison Officer

County Public Health Officer

Occupational Therapists

Mr T. A. Kay (appointed 1. 3. 67)

Mr H. G. Bartram, MIPHE

Miss J. M. Bembridge, MAOT
(appointed 1. 3. 67)

Miss J. Clinkard, MAOT
(appointed 25. 9. 67)

Miss G. Dickin, MAOT

Mrs S. E. Garner, MAOT
(appointed 11. 9. 67)

Miss A. H. Lay, MAOT
(resigned 30. 4. 67)

Miss E. D. Stevens, MAOT
(resigned 30. 9. 67)

VITAL STATISTICS

a) General statistics

Area	470, 392 acres
Population (estimated mid-1967) total	249, 340
Rateable value for whole County (estimated 1st April 1968) £	9, 073, 215
Estimated product of penny rate for whole County (1967-68) £	36, 826

b) Extracts from vital statistics for the year

<u>Births</u>	M	F	Total	
Live births	2424	2306	4730	
Live birth rate (per 1000 of estimated population)(national average 17. 2)				18. 9 crude 18. 3 corrected
Stillbirths	38	26	64	
Stillbirth rate per 1000 total (live and still) births (national average 14. 8)				13. 3
Total births (live and still)	2462	2332	4794	
Infant deaths	42	28	70	
Infant mortality rate per 1000 live births (national average 18. 3)				14. 7
Infant mortality rate per 1000 live births		legitimate illegitimate		14. 5 18. 8
Neo-natal mortality rate (first four weeks) per 1000 live births				8. 2
Illegitimate births (live and still)			267	
Illegitimate births per cent of total live births				5. 6
Maternal deaths (including abortion)			nil	
Maternal mortality rate				nil

<u>Deaths</u>	M	F	Total	
Total deaths	1115	987	2102	
Death rate per 1000 of estimated population (national average 11. 2)				8. 4 crude 9. 4 corrected

The main causes of death were :

Heart disease	662
Cancer	430
Cerebral vascular disease	286
Other circulatory diseases	87
Motor vehicle accidents	48
All other accidents	30
Gastro-intestinal diseases	20
Infectious diseases other than tuberculosis	12
Tuberculosis	5

VITAL STATISTICS OF WHOLE COUNTY
DURING 1967 AND PREVIOUS YEARS

Year	Population estimated to middle of each year	BIR THS		DEATHS			
		Number	Rate per 1000 of population	Under 1 year of age		At all ages	
				Number	Rate per 1000 net births	Number	Rate per 1000 of population
1	2	3	4	5	6	7	8
							crude *corrected
1958	194,000	3,502	18	61	17.4	1,909	9.8 10.09
1959	200,000	3,784	18.9	75	19.8	1,985	9.9 10.3
1960	201,630	4,055	20.1	82	20.2	1,948	9.7 10
1961	205,680	4,074	19.8	80	19.6	2,059	10 10.5
1962	211,320	4,309	20.3	79	18.3	2,161	10.2 10.7
1963	216,950	4,517	20.8	85	18.8	2,304	10.6 11.5
1964	223,590	4,606	20.6	76	16.5	2,047	9.1 10.1
1965	229,340	4,847	21.1	82	16.9	2,118	9.2 9.7
1966	239,260	4,721	19.7	74	15.6	2,239	9.3 9.7
1967	249,340	4,730	18.9	70	14.7	2,102	8.4 9.4

Rural Districts	Population estimated to middle of 1967	NET BIR THS			NET DEATHS			
		Num- ber	Rates per 1000 of population		Under 1 year of age		At all ages	
			crude	*cor- rected	Num- ber	Rate per 1000 net births	Num- ber	Rates per 1000 of population
								crude *cor- rected
Banbury	19,050	302	15.9	16.6	3	10	174	9.1 8
Bullington	49,080	1046	21.3	19.8	15	14	416	8.5 9.2
Chipping Norton	17,860	278	15.6	16.6	1	4	164	9.2 9.3
Henley	28,510	459	16.1	19.1	7	15	236	8.3 9.3
Ploughley	34,770	602	17.3	15.5	8	13	201	5.8 8.5
Witney	31,530	634	20.1	19.2	7	11	232	7.4 9.5

Urban Districts									
Banbury	26,540	584	22	19.8	15	26	250	9.4	10.6
Bicester	8,850	198	22.4	18.8	4	20	69	7.8	13.1
Chipping Norton	4,420	72	16.3	16.6	2	28	54	12.2	12.2
Henley	10,550	175	16.6	17.6	3	17	128	12.1	10.1
Thame	5,420	114	21	20.3	-	-	45	8.3	9.2
Witney	10,500	204	19.4	18.4	2	10	91	8.7	10.6
Woodstock	2,260	62	27.4	27.4	3	48	42	18.6	9.3

* A corrected rate having been adjusted for age and sex distribution

PROVISION OF HEALTH SERVICES UNDER
THE NATIONAL HEALTH SERVICE ACT, 1946

CARE OF MOTHERS AND YOUNG CHILDREN (SECTION 22)

Clinic buildings

Banbury

The full range of clinics was held throughout the year. General practitioners take the infant welfare clinics with the health visitors attached to their practices. The infant welfare clinic on the Bretch Hill Estate serves the needs of the area, and a clinic at Bodicote is attended by mothers from the south of the town.

Bicester

In addition to local authority dental, maternity and child health services, the clinic has been used by the Family Planning Association twice a week, for handicapped classes for the disabled, and for chiropody sessions which have been available to the residents at St Edburg House.

Chipping Norton

Towards the end of the year The Chestnuts was purchased from the Oxford Regional Hospital Board. Hospital physiotherapy clinics are held in the premises and the close proximity of the new County welfare home should be of help in providing chiropody services.

Henley

General practitioners representing each group practice hold weekly clinics with the health visitors attached to their practice. Cervical cytology, ante-natal, and Family Planning clinics continued throughout the year. The construction of new general practitioner premises near to the County clinic in the hospital grounds should help promote further co-ordination of the services.

Witney - Nuffield Health Centre

The Nuffield Health Centre has now been in operation for two full years and there has been a further extension of the services provided. In addition to the consultant clinics mentioned in my report for 1966, arrangements were made during the year for the monthly attendance of a general physician and also a second general surgeon to fill a retirement vacancy. Physiotherapy has been provided for asthmatic school children, and the tuberculosis liaison health visitor has arranged to attend for the follow-up of contacts, so that tuberculin test may be read and x-rays undertaken, when appropriate, at a single visit.

Research projects in hand include (i) an investigation by the general practitioners into the influence of the health centre on patient care, (ii) a jointly sponsored screening clinic for the early detection of breast disease, using infra-red photography (thermography) with confirmatory x-rays (mammography), and (iii) a geriatric assessment clinic by the medical staff of the health department, with the participation of health visitors.

A further review of work undertaken at the Centre in the period from July to October inclusive was financed by a grant from the Nuffield Provincial Hospitals Trust. The investigation by Mr H. A. Goddard, OBE, was of particular interest in relation to his previous study of work loads in the comparable period of 1966 and survey of medical records. It is pleasing to note his conclusions that the initial object of providing as complete a health service as is possible in the area has been achieved, and that there is a great deal of informal communication and liaison between the various branches of the service though this must of necessity stop short of full integration.

The health centre is undoubtedly a great convenience for patients, and the diagnostic and treatment facilities and professional contacts of staff contribute to a high standard of service. It is also gratifying to note the high degree of functional integration which has been achieved. At medical level, the practitioners undertake the bulk of the clinical work of the health department and also assist at the consultant clinics, the senior partner having been appointed a clinical assistant in recognition of his contribution. The department's social workers and nursing staff also work closely with the family doctors and consultants where appropriate. The care of the mentally sick provides a good example of how the staff of the three branches of the health service can work closely together as a team in the interests of the patient despite the present divisions. Mental welfare officers attend consultant clinics and arrange follow up where necessary, either at home or at a separate session at which cases referred for investigation or support by the general practitioners are also seen. Consultation between all three parties is of course greatly facilitated.

Premature births

The number of premature births notified, as adjusted by notifications transferred into or out of the area, was :

	<u>In hospital</u>	<u>At home</u>	<u>In private nursing homes</u>	<u>Total</u>
Premature live births	235	11	-	246
Premature stillbirths	34	3	-	37

Table I

Weight at Birth	Premature live births												Pre- mature still births	
	Born in hospital				Born at home or in a nursing home									
					Nursed entirely at home or in a nursing home				Transferred to hospital on or before 28th day					
	Total births	Died			Died				Died				Born	
Within 24 hours of birth		In 1 and under 7 days	In 7 and under 28 days	Total births	Within 24 hours of birth	In 1 and under 7 days	In 7 and under 28 days	Total births	Within 24 hours of birth	In 1 and under 7 days	In 7 and under 28 days	In hospital	At home or in a nursing home	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	
1. 2lbs 3oz or less	4	3	1	-	1	1	-	-	-	-	-	-	5	1
2. Over 2lbs 3oz up to & includ- ing 3lbs 4oz	17	7	1	2	2	-	-	-	-	-	-	-	10	-
3. Over 3lbs 4oz up to & includ- ing 4lbs 6oz	35	5	1	1	-	-	-	-	-	-	-	-	10	1
4. Over 4lbs 6oz up to & includ- ing 4lbs 15oz	66	1	2	-	-	-	-	-	-	-	-	-	5	1
5. Over 4lbs 15oz up to & includ- ing 5lbs 8oz	113	2	1	1	8	-	-	-	-	-	-	-	4	-
6. Total	235	18	6	4	11	1	-	-	-	-	-	-	34	3

Stillbirths

Causes of stillbirths amongst children born to persons resident in Oxfordshire

In 1967 there were 58 stillbirths compared with 63 in 1966. The analysis of the causes of these stillbirths is as shown in Table II.

Table II

	Male	Female	Total
Chronic disease in mother	-	-	-
Acute disease in mother	-	1	1
Diseases and conditions of pregnancy and childbirth	5	5	10
Absorption of toxic substances from mother	-	-	-
Difficulties in labour	1	1	2
Other causes in mother	-	-	-
Placental and cord conditions	19	11	30
Birth injury	-	-	-
Congenital malformation of the foetus	4	8	12
Diseases of foetus and ill-defined causes	4	3	7
All causes	33	29	62

Congenital abnormalities

In 1967 the Department was notified of 105 children born during the year with a total of 121 congenital defects. A return of children with defects notified at birth is submitted to the Registrar General. A classification of the reported defects and comparable figures for previous years are given in the accompanying tables:

Table III - Notified congenital abnormalities

Year of birth	Children affected	Defects recorded
1963	92	104
1964	104	112
1965	93	105
1966	122	153
1967	105	121

Table IV - Congenital abnormalities in babies born in 1967

Categories	Stillbirths			Infant deaths			Observation register			All groups		
	Male	Female	Both sexes	Male	Female	Both sexes	Male	Female	Both sexes	Male	Female	Both sexes
Central nervous system	4	10	14	3	7	10	-	2	3*	7	19	27*
Eye, ear	-	-	-	1	-	1	-	2	2	1	2	3
Alimentary system	-	-	-	4	-	4	7	3	10	11	3	14
Heart and great vessels	-	-	-	5	2	7	1	-	1	6	2	8
Respiratory system	-	-	-	-	-	-	-	-	-	-	-	-
Urogenital system	-	-	-	-	-	-	10	2	12	10	2	12
Limbs	-	1	2*	-	2	2	21	12	33	21	15	37*
Other skeletal	-	-	-	-	-	-	-	3	3	-	3	3
Other systems	-	-	-	1	2	3	2	4	7*	3	6	10*
Other malformations	-	1	2*	1	1	2	2	1	3	3	3	7*
All abnormalities	4	12	18*	15	14	29	43	29	74*	62	55	121*
Total no. of children involved	4	7	12*	14	11	25	39	28	68*	57	46	105*

In 1 stillbirth and 1 baby on the observation register, marked*, the sex was indeterminate, so that the figures for "both sexes" are not always the sum of the individual sex figures.

Observation Register

The number of entries during the year and the nature of the outcome are indicated in Table V. The entries constitute 21.1% of live births in 1967 and is marginally less than the proportion (21.8%) entered in 1966. Infants are removed from the register as soon as it has been demonstrated that progress is normal or, conversely, that special educational facilities are required, and there is little change in the number remaining on the register at the end of the year.

Table V

Year of birth	No. entries	Deleted			Notified to		Number remaining on the register
		Satisfactory reports	Died	Moved out of county	Mental health	School health	
1959	5	2	-	1	-	2	-
1960	43	8	5	4	3	23	-
1961	104	45	10	16	7	26	-
1962	404	239	17	76	7	65	-
1963	820	510	35	178	7	90	-
1964	865	499	37	191	4	134	-
1965	995	698	36	154	14	93	-
1966	1085	729	24	141	-	1	190
1967	1010	162	16	41	1	-	790
1959-67	5331	2892	180	802	43	434	980

Ophthalmia neonatorum and puerperal pyrexia

Two cases of puerperal pyrexia were notified.

Deaths ascribed to pregnancy or childbirth

No death occurred in 1967.

Antenatal care

Classes were held in thirteen areas with Miss Gange and twelve health visitors running them. Midwives took part in demonstrating the apparatus for analgesia, and by answering question on labour. 510 mothers enrolled for classes and made 2,060 attendances.

'Fathers' Evenings' were run in conjunction with some of the classes with a film or film strip on the birth and occasionally a talk from a local general practitioner.

Maternity accommodation

The booking of cases on social grounds is undertaken by the local authority in conjunction with the medical practitioner concerned.

Care of unmarried mothers

A close liaison exists between the County Health Department, the North and Mid-Oxon Association for Moral Welfare, and the South Oxfordshire Moral Welfare Association.

In 1967, 163 cases were referred to the moral welfare workers; the majority were maternity cases, all of whom needed help in some form. One hundred and ten were unmarried mothers, their ages ranging from 14 to 40. Financial assistance was provided for 20 persons accommodated in mother and baby homes.

Dental care

Mr T. Lucas, the Chief Dental Officer, has contributed the following :

'In writing a report for the fourth year running one is placed in the hazardous position of either being boringly repetitive or being guilty of the sins of omission. Nevertheless, everything that has been said in previous years applies equally forcefully now. The vast majority of our parents are still busily engaged in the pastime of ruining their children's teeth by neglect and by overfeeding with unnecessary sweet, sugary substances from the age of six months onwards. Every year the cost of correcting this luxury is increasing nationally by millions of pounds and locally by hundreds of pounds. Every year the Ministry stresses the importance of local authorities spending time and money on dental health education, and every day this time and money is rendered largely valueless by the vast sums spent on advertising decay-producing substances. But perhaps not completely valueless, because there are signs that the message is getting home to some parents that are interested in their children's welfare. Pre-school children's teeth these days tend to be like the little girl with the curl; when they are good they are very very good, but when they are bad they are horrid. In other words, we are finding an increasing number of pre-school children with completely sound dentitions, but the children with decay nearly always have very many teeth involved. The main distinguishing factor which decides the category in which a child will find itself seems to be parental attention to the four rules of dental health.

Once again our dental auxiliary at Witney was very helpful in providing treatment for the 0 - 4 age group and also the numbers have increased at our other treatment centres. We treated twice as many children in 1967 (301) as in 1966 (158), we more than doubled the number of fillings in 1967 (548) as in 1966 (237), but the necessity for the foregoing remarks are emphasised by the fact that this very young age group had to lose 312 teeth, which does not present a very optimistic view of their future dental development. '

Dental Statistics

A.Attendances and treatment

Number of Visits for Treatment	Children 0 - 4 (incl.)	Expectant and Nursing Mothers
First Visit	301	56
Subsequent Visits	372	134
Total Visits	673	190
Number of Additional Courses of Treatment other than the First Course commenced during year	35	4
Treatment provided during the year - Number of Fillings	548	176
Teeth Filled	481	158
Teeth Extracted	312	42
General Anaesthetics given	133	1
Emergency Visits by Patients	40	8
Patients X-rayed	3	18
Patients treated by Scaling and/or Removal of Stains from the teeth (Prophylaxis)	112	60
Teeth Otherwise Conserved	100	-
Teeth Root filled	-	-
Inlays	-	-
Crowns	-	-
Number of Courses of Treatment Completed during the year	265	40

B.Prosthetics

Patients Supplied with FU or FL (First Time)	-
Patients Supplied with Other Dentures	2
Number of Dentures Supplied	2

C.Anaesthetics

General Anaesthetics Administered by Dental Officers	-
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D. Inspections

	Children 0 - 4 (incl.)	Expectant and Nursing Mothers
Number of Patients given First Inspections during year	480	61
Number of Patients in A and D above who require Treatment	315	60
Number of Patients in B and E above who were offered Treatment	313	59

E. Sessions - Number of Dental Officer Sessions (i.e. Equivalent Complete Half Days) Devoted to Maternity and Child Welfare Patients

For Treatment	148
For Health Education	50

Ascertainment of deafness in young children

All babies have their hearing tested in the first year of life. Infants who are considered to require special examination due to abnormality before, during or after childbirth are referred for consultant opinion. Similarly, children who are not speaking clearly by the age of two are referred to the audiometric department at Oxford, Reading or Banbury.

Day Nurseries

The Banbury nursery, with 35 places, was open throughout the year, and the average sessional attendance was twenty-two. A child is now unlikely to be admitted unless there is a priority claim on medical or social grounds. To some extent the expansion of Banbury is responsible for this situation.

Nurseries and Child Minders Regulation Act 1948

During the year public interest in play-groups and child minders was marked.

Registered nursery groups increased from 21 to 45 (3 discontinued) and child-minders from 25 to 28 (8 discontinued). Twelve non-profit making groups receive assistance towards the payment of a qualified teacher or nursery nurse from the County Education Department.

Arrangements for free voluntary mass radiography of the chests of all adults caring for children under this Act were completed in advance of Ministry of Health Circular 18/67 (16th October 1967) advising such precautions. In May an attendant at one play-group was found to have early radiological signs of pulmonary tuberculosis; the usual investigations showed no spread of disease to the children or other attendants.

Distribution of welfare foods

Welfare foods were distributed from 104 distribution centres in the County. In Banbury welfare foods are sold from the Banbury Clinic on two half days of the week, from the infant welfare clinic on the Bretch Hill Estate, and from two chemist shops in the town.

I should like to express my appreciation and thanks to all voluntary helpers for the valuable work they are undertaking in storing and distributing welfare foods, often from their own homes at personal inconvenience.

During the year the following items were distributed:

42,894 tins of National Dried Milk
 76,987 bottles of Orange Juice
 3,649 bottles of Cod Liver Oil
 3,588 packets of Vitamin Tablets

Co-ordination of County Council's Social Services

The Heads of Departments have reviewed methods to ensure that a family which has given concern to more than one Department may obtain consistent advice and aid:

1. Central index of cases

A register has now been set up at the Children's Department. When a Department recognises that a family has problems with which other Departments are or might be concerned, a card is sent to the Children's Department, giving for purposes of identification the address of the family, and names and dates of birth of the person known to the Department and all other members of the household. Contributions from different Departments are assimilated into an index. A field-worker meeting such a family for the first time can quickly refer to the index to discover whether any other Department is already involved. The index itself contains no confidential information, but Departments involved with the same family are put in touch with one another.

2. Senior officers' co-ordinating conferences

A conference is held once a term in each of the three County areas—North, Mid and South Oxfordshire. Each meeting reviews the situation of families where common action is necessary and discusses local topics of general interest. The first series of conferences were held in autumn 1967.

MIDWIFERY AND HOME NURSING (SECTIONS 23 and 25)

Great changes have taken place during the past year in the home nursing and midwifery services. With a view to closer liaison between general practitioners and nursing staffs some of the original geographical areas have been merged so that teams of nurses may work along with group practice doctors. These arrangements have been made in the Bicester and Witney areas, where elderly nurses have retired from practice. Our nurses appreciate that closer liaison with the patient's doctor gives them a better insight into the patient's condition and need for treatment. Nursing staff, on the other hand, can often assist the doctors by bringing to their notice adverse conditions which they find in the patients' homes.

At Eynsham, Goring and Henley a reciprocal arrangement has been agreed with Berkshire County Health Department, whereby staff may visit patients living in the neighbouring authority in order to preserve continuity of care by doctor and nurse.

The formation of teams of staff has made it possible to make better use of ancillary staff. Nursing auxiliaries, usually with Red Cross or St Johns Training, frequently form a member of the team and give great help in unskilled nursing procedures, such as washing and dressing of the elderly, who are often disabled by strokes or arthritis. The regular visits paid by the nursing auxil-

iaries to these patients are much appreciated by relatives, who are often feeling the strain of caring for the elderly.

We continue to employ many part-time staff who are able to work during the morning hours when so many people require care and treatment.

Trained nurses have again assisted in the training of Student Nurses from the Horton General Hospital, and twenty five students made visits of observation during the year.

More staff in post are asking for district nurse training, and this is being encouraged so that all staff may be fully aware of the many ways in which the Health and Welfare Departments can help in maintaining the patient in his own home.

Although the Queen's Institute of District Nursing will no longer be responsible for the training syllabus and examination for the District Nurse Certificate after June 1968, arrangements have been made with Oxford City for training to continue in the area. Staff in post may now attend the lecture Centre in Oxford for theoretical training and take practical training on their own area.

Staff meetings have been arranged during the year, and all general district nurses attended a one day seminar on the Care of the Elderly at either Cowley Road Hospital or the Neithrop Hospital, Banbury. These were most successful in bringing to light some of the difficulties which arise when patients are discharged home before adequate preparation can be made. The discussion between hospital and the domiciliary staff must make each aware of the others' difficulties.

Staff

On December 31st the following staff were in post:- 53 full-time district nurses and midwives, 18 part-time nurses and midwives, 6 nursing auxiliaries; a slight improvement over the previous year.

The figures below show the number of patients cared for during the year.

HOME NURSING			
No. of new cases attended	Total no. of visits paid to all cases	Children under 5 years at time of first visit	No. of persons aged 65 or over at time of first visit
4761	114476	196	2217

Midwifery

Again in 1967 there was a considerable decrease in the number of domiciliary confinements attended by our midwives, but 211 mothers were delivered by them in General Practitioner Units, 68 in the Horton Maternity Unit and 143 in the Churchill G. P. Unit. In Banbury, mothers are selected and booked by general practitioner and midwife for a 48 hour stay in hospital, and on returning to her home the patient continues to be cared for by her own doctor and midwife. Both patient and midwife benefit from the continuity of care, and the satisfaction which the midwife experiences may in some measure account for the fact that we are fully staffed in Banbury at the present time.

Midwives who live on the fringe areas of Oxford City attend patients booked for delivery in the General Practitioner Unit at the Churchill Hospital and again I am happy to report that these areas are fully staffed.

An increasing number of midwives are now doing antenatal clinics with general practitioners, a sound practice making joint consultation easy and natural.

We have continued to train student midwives who are undertaking Part II of the syllabus. Six students completed this training during 1967 and sat for the Central Midwives Board Certificate. In the Banbury area student nurses taking the Approved Obstetric Course were given an insight into the domiciliary service.

One hundred and twenty eight notifications of intention to practise were received during the year, 71 from midwives in domiciliary practice, 54 from midwives in hospital practice and 3 from persons in private practice.

The Central Midwives Board made some changes in the rules during the year and in order to prepare our staff to comply with the rules, study days were very kindly arranged by the teaching staffs of the Nuffield Maternity Unit and the Horton Maternity Unit, and all midwives were instructed in the new procedures. We are most grateful to both units in helping us to keep our staff up to date.

The monthly meetings held in connection with the General Practitioner Unit at the Churchill Hospital have continued and have been much appreciated by the domiciliary midwives. These opportunities to discuss or listen to discussion on the work done in the Unit are invaluable to midwives who so often find themselves working in isolation.

The table below gives a summary of the midwifery work carried out by our staff:-

MIDWIFERY								
New Cases				Cases del. in hosp. and discharged before 10th day	Total nursing visits as midwife	Visits to assess home conditions	Ante- natal visits	Post- natal visits
Dr.booked		Dr. not booked						
Dr.at del.	Dr. not at del.	Dr. at del.	Dr. not at del.					
369	375	5	4	2091	21,916	1891	7372	344

HEALTH VISITING (SECTION 24)

Liaison and attachment schemes

In the past a health visitor has been responsible for a geographical district. More recently arrangements have been made for closer co-operation between the health visitor and general practitioners in her area. In a liaison scheme the health visitor is responsible both for a geographical district and for the patients on lists of specified general practitioners. Inside her district she also visits patients of other practitioners, acting in liaison with neighbouring health visitors. In an attachment scheme, the health visitor is responsible for all patients (and only those patients) on the list of specified general practitioners.

Using these definitions, on the 31st December 1967 health visitors in Oxfordshire were working as follows :

In geographical districts	10
In liaison schemes	14
In attachment schemes	19

Even where there is no formal liaison or attachment scheme, the picture is not one of County health visitors and general practitioners going their separate ways. Much of the County is sparsely populated, so that only a few health visitors and general practitioners may be concerned in any one area, and consequently working arrangements are close. From the onset, family doctors have provided the entire force of school medical officers and child welfare clinic doctors, so that team work between health visitor and local doctor is the rule.

On the other hand, Oxfordshire has extensive boundaries with five other counties and two county boroughs, so that formal attachment may involve complicated cross-boundary visiting. Again, territories of both general practitioner and health visitor change with local population increases; the personalities and abilities of new health visitors have to be taken into account.

To sum up, practical arrangements for health visitors and general practitioners to work together are at least as important as formal attachment schemes; in fact, attachments tend to arise naturally out of good working arrangements. Witney Health Centre is the first of a series of premises where general practitioners, local authority staff, and hospital doctors can work together. Outside the main centres of population general practitioners may provide an office for the health visitor in their surgery suite.

The health visitor's work

Last year's annual report drew attention to the increased time spent in visiting the elderly. Closer association with general practice work will necessarily bring to the health visitor's notice more households with problems due to old age, physical or mental handicap, or social inadequacy. In order to maintain the health visitor's traditional care of mothers and young children, periodic review of her duties and a constant search for more effective modes of action will be necessary. Examples are the help given by play-groups to harassed mothers or children with emotional problems, the provision of family planning care, and the use of the case conference to decide on the best approach to households with problems involving many departments.

The figures given below relate to the work carried out by the health visitors :

<u>Cases visited by health visitors</u>		<u>No. of Cases 1967</u>	<u>Corresponding figures for 1966</u>
1.	Children born in 1967	4892	4744
2.	Children born in 1966	4063	3591
3.	Children born in 1965-63	9027	7093
4.	Total number of children in lines 1-3	17982	15428
5.	Persons aged 65 or over	2204	1771
6.	Number included in line 5 who were visited at the special request of GP or hospital	521	465
7.	Mentally disordered persons	127	95
8.	Number included in line 7 who were visited at the special request of a GP or hospital	56	32
9.	Persons discharged from hospital (other than mental hospitals)	212	301
10.	Number included in line 9 who were visited at the special request of a GP or hospital	130	149
11.	Number of Tuberculous households	424	499
12.	Number of households visited on account of other infectious diseases	64	48

Training

Four student health visitors completed the course at the College of Technology, Headington, and took up posts in this County.

Child welfare clinics

Child welfare clinic sessions continue to be greatly valued by mothers. It is encouraging that improvements have been carried out at various rented halls in order to meet the needs of child welfare clinics and child minders groups. It is hoped that those responsible for the construction or adaption of community premises will remember the potential income from these sources.

List of clinics (* clinics supplying Government Welfare Foods)

*Adderbury	*Chinnor	Hailey	Steeple Aston
Ambrosden	*Chipping Norton	Islip	*Sandhills
Bampton	*Clifton Hampden	Kidlington	*Sonning Common
*Banbury	Combe	(Church Hall)	*Standlake
*Banbury (Bretch Hill Estate)	*Deddington	*Kidlington	*Stanton Harcourt
*Benson RAF	*Enstone	(Baptist Hall)	Stanton St John
Benson Village	*Eynsham	Kingham	Stonesfield
*Berinsfield	*Filkins	Kirtlington	*Tackley
Bicester	*Finstock	*Leafield	Thame
Bletchington	Forest Hill	Littlemore	Warborough
*Bloxham	*Freeland	Mapledurham	Watlington
*Bodicote	*Fritwell	*Middle Barton	*Wheatley (not NDM)
(Youth Centre)	Garsington	*Milton-under-	*Witney (Nuffield
Bunker's Hill	*Goring	Wychwood	Health Centre)
*Burford	Great Milton	*Minster Lovell	*Witney (Windrush
Carterton	Great Tew	*Nettlebed	Valley Estate)
*Chadlington	*Hanborough	*Northleigh	*Woodcote
*Chalgrove	Henley-on-Thames	*Old Marston	*Woodstock
*Charlbury	Hethe	*Peppard	Wootton
*Checkendon	*Hook Norton	*Upper Heyford	*Wroxton
	Horspath	Whitchurch	Yarnton

Children seen at clinics

In 1967 the number of pre-school children who attended County Child Welfare Clinics was 11,828; of these 4,017 were born in 1967, out of a total of 4,730 births for that year. In recent years the proportion of children who attend in their first year has shown an encouraging increase, and offers the possibility that all County children may be screened for handicapping defects and lesser disabilities by their first birthday.

Phenylketonuria

Arrangements for screening tests for this rare disease by urine chromatography in addition to phenistix were maintained throughout the year, 97% of babies being tested in the early weeks of life. Three cases of cystinuria were detected by the urine chromatography test which is not only more reliable than the phenistix test but also can ascertain the following inborn errors of metabolism in addition to phenylketonuria:

Tyrosinuria; Galactosaemia; Cystinuria/Homocystinuria; Glycosuria; Proteinia

Supervision of maternity and nursing homes
(under the Conduct of Nursing Homes Regulations 1963)

The following homes are inspected each year to ensure they maintain the standards required by the Regulations:

1. St Andrew's Nursing Home, St Andrew's Road, Henley-on-Thames	General	(8 beds)
2. Thames Bank Nursing Home, Goring-on-Thames	General	(28 beds)
3. Tracey House, 42 Broughton Road, Banbury	General	(13 beds)
4. Wardington Nursing Home, Wardington, near Banbury	General	(12 beds)

Many visits were made to the last two premises; Tracey House has changed ownership, and discussions took place at Wardington House prior to its registration in May 1967, so that the extensive alterations to the premises conformed with the Regulations.

Buddleia Nursing Home (Maternity) has ceased to operate.

VACCINATION AND IMMUNISATION (SECTION 26)

On April 1st the Executive Council became responsible for payment to practitioners for records, which were then forwarded to the health department for registration. The records received indicate that the acceptance rates for vaccination and immunisation remain high.

a) Vaccination against smallpox

The following table shows the number of vaccinations and re-vaccinations carried out under the approved scheme during the year 1967.

Under 1		1		2 to 4		5 to 15		Total	
Prim-ary	Re-vacc	Prim-ary	Re-vacc	Prim-ary	Re-vacc	Prim-ary	Re-vacc	Prim-ary	Re-vacc
343	-	2461	3	465	48	84	223	3353	274

b) Diphtheria, whooping cough, tetanus and poliomyelitis immunisation

Details of children immunised against diphtheria, whooping cough, tetanus and poliomyelitis by the end of the year are shown as follows :

Year of birth	1967		1966		1965		1964		1960-63		Others under age 16		Total	
	Primary	Booster	Primary	Booster	Primary	Booster	Primary	Booster	Primary	Booster	Primary	Booster	Primary	Booster
Diphtheria	1952	-	2126	630	129	1408	46	211	140	3516	43	422	4436	6187
Whooping cough	1945	-	2104	584	122	1310	42	195	85	780	14	35	4312	2904
Tetanus	1952	-	2128	630	131	1414	47	218	144	3563	263	1024	4665	6849
Polio-myelitis	1910	3	2200	547	198	1143	72	184	284	3731	54	253	4718	5861

c) BCG vaccination

1. Schools

	Eli- gible	Con- sents	Con- sent rate	Absent from skin test	Skin test- ed	Absent from read- ing	Posi- tives	Positives reactor rate	Negative and vaccinated
Grammar & secondary schools	2797	2624	93.8%	178	2446	109	176	7.2%	2161
Private schools	368	318	86.4%	2	316	5	43	13.6%	268
Total	3165	2942	93%	180	2762	114	219	7.9%	2429
Teachers training college	-	-	-	-	-	-	-	-	-

2. Contacts

BCG vaccination was given to 578 Oxfordshire County contacts at clinics held at the Churchill Hospital, Horton General Hospital, Banbury, Chipping Norton War Memorial Hospital, and the Nuffield Health Centre, Witney. BCG vaccination was given to 40 Oxfordshire County contacts at Reading and Henley chest clinics.

AMBULANCE SERVICE (SECTION 27)

Administration

The Joint City and County Ambulance Service continued to operate satisfactorily in its second year. Many of the smaller problems have been solved and the standard of service provided to the public has greatly improved. Demands upon the service continue to increase especially in respect of day hospitals, causing peak periods morning and evening when the ambulance service is almost at breaking point.

Stations

The alterations and extension to the Central Control and Ambulance Station in Oxford were completed on schedule. All sections were occupied early in September and we now have one of the most modern Central Controls in the country.

During the year discussion took place on the advisability of continuing to operate an ambulance station at Kidlington. The Committee felt that as Kidlington was an "on call from home" station during the quiet periods, a service equal, if not better, could be provided from the Oxford Station which is continuously manned. It was agreed that the station should be closed for a trial period of six months starting on 1st June 1967, and that complete records should be kept which would enable the Committee to study the problem further

and reach a final decision. This period of trial has been extended by an extra three months in order that the effects of adverse weather conditions can be assessed.

Staff

During the year a store keeper/clerk was appointed. It was envisaged that part of his time would be spent in assisting in the Control Room. Experience has shown, however, that this is not possible as store keeping and stock control have proved to be a full-time occupation. Nevertheless, the appointment has relieved the senior mechanic of clerical duties in respect of records, thus allowing him more time on vehicle maintenance.

Vehicles

Four seven seater sitting case vehicles, three ambulances and one seven seater fitted with hydraulic rear step and designed to carry patients in wheel chairs were ordered as replacements.

In addition, one ambulance so constructed to accommodate patients either as sitting patients, stretcher patients or in wheel chairs was ordered. The design of this vehicle is similar to the three that have been doing such wonderful work since 1965. Fitted with a hydraulic rear step and capable of carrying 12 patients it will be used in the Banbury area conveying patients to the geriatric day hospital.

Location of Stations and Establishment

Location	Vehicles		Staff	
	Ambulances	Sitting Case Cars	Driver/Attendant	Leading Driver/Sub. Officer
Oxford City	10	13	42 (42)	6 (6)
Banbury	4	5	16 (16)	4 (4)
Bicester	1	1	5 (4)	1 (1)
Chipping Norton	1	1	4 (4)	1 (1)
Crowmarsh	1		5 (2)	
Henley	2	3	7 (5)	1 (1)
Kidlington	1	1	5 (2)	
Thame	1	1	4 (4)	1 (1)
Witney	2	1	7 (7)	1 (1)
Spare Vehicles	4	1		
Total	27	25	95 (86)	15 (15)

(Number of staff in post 31st December 1967 are shown in brackets)

The administrative staff of the Service is as follows:

Banbury:	1 Station Officer	Oxford:	1 Chief Ambulance Officer
			1 Deputy Chief Ambulance Officer
			1 Station Officer
			6 Control Officers
			1 Chief Clerk
			2 Clerical Assistants
			1 Typist
			2 Mechanics
			1 Storekeeper/Clerk
			2 Cleaners (General Duties)
			4 Cleaners (Part-time - offices)
			1 Female Escort (part-time)

Day hospitals, training centres, industrial training units and special schools

Demands for transport are increasing in respect of the conveyance of persons to the above centres. In Oxford there are day hospitals at Ashurst, Littlemore, Warneford, Rivermead, Churchill (Spastics) and Cowley Road Hospitals. A day centre is also established at the Neithrop Hospital, Banbury, and at Longworth Hospital which is situated in Berkshire.

Training centres and industrial training units are established at Banbury, Witney, Wheatley and Borocourt Hospital.

Children are transported from widely scattered areas of the County to schools in Oxford and Reading where partially hearing units have been established.

The problem of transport to day hospitals is continually increasing, although valuable assistance is given by the Hospital Car Service.

Arrangements are made with taxi proprietors and the Hospital Car Service to convey persons to the training centres, industrial training units and special schools. This is proving to be an economical solution to a problem that does not change pattern from day to day. Large private hire cars capable of seating five persons, and mini-buses capable of seating 12 persons are in service. As the numbers increase on any particular journey the mini-bus replaces the private car; by the end of September five mini-buses were operating.

Patients carried and mileage travelled

The number of patients carried during the year increased by 24,427 over the previous year; the mileage travelled increased by 220,193 miles.

Table 1 shows the work carried out during the year; table 2 shows the growth of the service over the past six years.

TABLE 1

Quarter 1967	Ambulance		Sitting Case		Ambulance Service Vehicles Sub Total		Hospital Car Service Vehicles		Contract Hire Vehicles		HCS & Contract Hire Vehicles Sub Total		Gross Total	
	Patients	Miles	Patients	Miles	Patients	Miles	Patients	Miles	Patients	Miles	Patients	Miles	Patients	Miles
March	14,987	109,388	26,582	101,433	41,569	210,821	15,487	184,977	19,991	128,586	35,478	313,563	77,047	524,384
June	15,336	112,667	28,238	108,787	43,574	221,454	16,417	201,600	23,083	150,080	39,500	351,680	83,074	573,134
September	13,960	112,290	26,193	106,095	40,153	218,385	14,430	178,634	17,656	123,041	32,086	301,675	72,239	520,060
December	14,905	115,545	26,263	103,972	41,168	219,517	16,563	189,957	20,563	139,557	37,126	329,514	78,294	549,031
	59,188	449,890	107,276	420,287	166,464	870,177	62,897	755,168	81,293	541,264	144,190	1,296,432	310,654	2,166,609

TABLE 2

	AMBULANCE SERVICE		HCS & CONTRACT HIRE		GROSS TOTAL	
	Patients	Miles	Patients	Miles	Patients	Miles
	1962	104,655	549,333	71,097	175,752	1,250,212
	1963	112,883	683,501	76,408	189,291	1,405,150
	1964	119,811	728,339	90,061	209,872	1,602,681
	1965	135,381	746,729	103,989	239,370	1,717,561
	1966	157,702	799,727	128,525	286,227	1,946,416
	1967	166,464	870,177	144,190	310,654	2,166,609

PREVENTION OF ILLNESS, CARE AND AFTER-CARE (SECTION 28)

Health education

Health Visitors' Training School: Lectures were given to the students on 'The Role of the Health Visitor in Health Education'.

Maternity and Child Welfare: Posters on appropriate topics such as 'Safety with Prams', 'Your Baby's Needs', 'Immunisation is Vital', 'Make them of non-flammable material' were issued to child welfare clinics. The posters for special campaign weeks such as 'Dental Health Fortnight' and 'Mental Health Week' were displayed in clinics for the appropriate weeks.

Health education literature was circulated to health visitors and midwives and visual aid material and advice were supplied on request. The magazine 'Better Health' has again been widely used for health education in clinics. Family planning literature was made available, and opportunities were given to nursing staff to attend showings of the film on family planning methods at the Radcliffe Maternity Department.

Display material and literature was provided to a number of shops for Mental Health Week. County libraries have displayed posters for us, such as 'Alcoholism, a shattering family affair'; dental health posters, mental health week posters and literature; and the Ministry of Health poster, 'The Test', on the breathalyser. They also displayed lists of ante-natal classes.

Miscellaneous: A number of talks have been given by Miss Gange and other health visitors to Women's Institutes, Old People's Clubs, Mothers' Clubs and Youth Groups on a variety of subjects - 'Cervical Smear', 'Home Safety', 'The Work of the Health Visitor', 'Diet for the Retired', 'Health and beauty', etc. Some general practitioners have given talks on drugs and smoking to youth groups, and have borrowed visual aid material from this department.

The Sonning Common doctors inaugurated their scheme for the education of parents of children under 5 and for expectant parents in October. Miss McCallum, their health visitor, makes a regular contribution to this scheme, as does the local midwife.

Occupational Therapy

During the year there has been an increase in referrals for activities in daily living for elderly and handicapped persons living in their own homes. In fact the number of visits has doubled since 1965.

The occupational therapists have been greatly helped by the appointment of Mr. Hills as van-driver since this has reduced the number of visits which were made purely for deliveries of aids. Miss Stevens and Miss Lay left the staff this year. Miss Bembridge joined the staff in March, and Mrs. Garner and Miss Clinkard in September, which brought the complement of staff up to four.

Work Groups

Due to the shortage of staff at the beginning of the year the Bicester Group did not function until November. Henley, Chipping Norton, Witney and Banbury have continued throughout the year with increased numbers. The Banbury Group has increased and moved to new premises to incorporate more patients, many of whom are being referred by the Day Hospital at Banbury. Unfortunately the supply of industrial work for the groups continues to be spasmodic and some groups have had to rely on craftwork. Nevertheless it is satisfactory to report that the total earnings of the groups showed an increase over last year. The help given so willingly by voluntary workers is of the greatest help since often

it enables the occupational therapists to undertake domiciliary visits in the neighbourhood while the classes are being held.

The Witney Group had their annual outing on the river, and Christmas parties were held at all the centres.

Statistics	1967
Total number of visits	2, 891
Total number of patients	737
Activities of Daily Living Referrals	510
Work Groups - Centres	5
Work Groups - Sessions	177
Number of patients attending groups	81
Total Earnings at Industrial Groups	£526 1s 0d
Sales at Retail Shop	£558 5s 7d

Family Planning

In Ministry of Health Circular 5/66 the Minister of Health stated that he regarded the development of family planning services as an essential aspect of family welfare. Planned parenthood strengthens family life, whereas lack of planning, often due to ignorance, may lead to marital disharmony, ill-health, social breakdown, and even criminal abortion and death.

Accordingly, County health visitors were asked to supply a list of problem families in which one of the main difficulties was too frequent pregnancies, and where the mother was unable or unwilling to obtain family planning advice. Thirty-four families were named. Experience in Southampton in 1959 showed encouraging results from domiciliary visiting of this type of family by a doctor and nurse, with the support of social workers.

In the light of this experience the Committee agreed to make a grant of £300 to the Family Planning Association to cover the costs in providing a similar service in Oxfordshire in 1967.

In June the National Health Service (Family Planning) Act 1967 came into operation. This Act confers on local health authorities a general power to make arrangements for giving advice on contraception, the medical examination of persons seeking advice, and the supply of contraceptive substances and appliances. The Minister approves the making of charges for prescriptions, drugs and appliances in non-medical cases, but he does not approve the making of any charges in medical cases or of charges for advice or examination in non-medical cases.

Following a meeting with representatives of hospital authorities, general practitioners, the Family Planning Association, representatives from the Marriage Guidance Council, the Education Department and the Children's Department it was decided that the grant to the Family Planning Association should be increased to £1,200 in order that more domiciliary visiting should be undertaken, that a free service should be provided for those in medical need or where there was poverty, and to cover the expenses incurred in setting up a new clinic at Kidlington and other areas if necessary.

Mr H. A. E. Spalding, the Organising Secretary of the Oxford Regional Branch of the Family Planning Association, has kindly submitted the following report:

'At the present time there are three clinics in Oxfordshire which are operating as members of the Oxford Regional Branch of the Family Planning Assoication. These are at Bicester, Banbury and Witney.

At Bicester, sessions are held in the County Health Clinic every Wednesday evening 6 - 7 p.m. and on the first Friday of the month 2.30 - 3.30 p.m.

At Banbury, sessions are held at Horton General Hospital every Wednesday evening 6.30 - 7.30 p.m. and every Friday evening from 6.30 - 8 p.m.

At Witney, sessions are held at the Nuffield Health Centre on the first and third Mondays of the month 2 - 3.30 p.m., and on the second and fourth Mondays from 5 - 6.30 p.m.

It was found necessary to increase the sessions to the present levels during the year, owing to an increase in the numbers attending. With this trend continuing, further sessions and sessions of longer duration are planned to provide the services which will be required. The costs of operating the clinics has been minimal through the devoted work of voluntary lay helpers.

The Banbury clinic now has nearly 700 patients, 240 of whom were registered as new patients during 1967; in addition, 45 patients transferred to the Banbury clinic from other Family Planning Association clinics. The Bicester clinic has over 350 patients, 180 of whom were new patients in 1967, and 18 transfer patients. The Witney clinic which was opened in late 1966 now has nearly 200 patients including 60 who transferred from other clinics to Witney as it was nearer their homes.

Combined statistics for the three clinics in 1967 show the following break-downs :

<u>Method adopted:</u>		<u>Source from which patient came</u>	
Oral contraceptives	55%	Through a friend or patient	30%
Caps	30%	Through Family Doctor	40%
IUD appliances	7%	Transferred from other clinics	18%
Other methods	8%	Other sources	12%
<u>Age at first visit</u>		<u>Number of Pregnancies</u>	
Under 20 years	8%	0	21%
20 - 24 years	30%	1	18%
25 - 29 years	26%	2	31%
30 - 34 years	20%	3	16%
Over 34 years	16%	4	9%
		5	3%
		More than 5	2%

Cervical smears

224 smears were taken for cervical cytology: none was positive.

Marital problems

In July 1967 the Oxford Regional Branch started a specialist marital problem service in Oxford, to which County patients have been referred.

Future developments

The next development planned is a clinic at Kidlington. This will save Kidlington patients having to travel to Oxford, and will also relieve pressure on the busy Oxford City clinics.

Consideration will be given to opening other clinics in the County on a priority basis in relation to the greatest need. '

Mrs D.M.Ross, the Organising Secretary of the Chilterns Branch of the Family Planning Association, has kindly submitted the following report:

'The Henley clinic functions very smoothly in the excellent premises at the Henley Health Clinic, and a good relationship exists between the hospital staff and ourselves. There is a close liaison with the local general practitioners; of the 152 new patients seen this year, 82 were referred by their doctor. The health visitor, Mrs Broddle, has been a member of the clinic committee and was largely responsible for bringing patients in the socio-economic groups 4/5 to the clinic. Sessions are held on the 2nd and 4th Mondays of the month 6.30 to 8.30 p.m., and every Wednesday afternoon 2 to 4 p.m.

Henley is not a rapidly expanding area and I do not, in the immediate future, envisage the need for many additional clinic sessions.

The following statistics are available for the Henley clinic:

Number of patients making at		<u>Source from which patient came</u>	
least one visit during year	705	Local Authority	15
New Patients - Married	146	Friend or Patient	28
New Patients - Pre-marital	6	Family Doctor	82
Method adopted:Cap	60	Other means	27
Oral C.	81	Transfer Patients	49
IUD	6		
Other methods	5		
Transfer Patients	49	<u>Number of Pregnancies of New</u>	
Consultation only	3	<u>Patients</u>	
<u>Age at First Visit of New Patients</u>		0	35
		1	38
- 20	13	2	42
20 - 24	49	3	22
25 - 29	46	4	12
30 - 34	28	5	2
Over 34	16	6+	1

Cervical smears

84 smears were taken for cervical cytology: none was positive.

Cervical cytology

Cervical cytology clinics were held weekly at the Henley Clinic by a general practitioner. At Thame, clinics were held monthly at the cottage hospital by a local authority medical officer. At Witney, fortnightly morning clinics and monthly evening clinics were held at the Nuffield Health Centre, staffed by a local authority medical officer. Several general practitioners hold cervical cytology sessions in their surgery premises on behalf of the local authority.

The figures this year show the same trend as last year and indicate that women in social classes IV and V, who most need the service, are not taking advantage of it.

CERVICAL CYTOLOGY - TABLE
1st January to 31st December 1967

	OXFORDSHIRE COUNTY COUNCIL CLINICS				City of Oxford Total	General practitioners' total	TOTAL			
	Henley	Thame	Witney	Total						
Attendances	311	128	233	672	618	294	1,584			
Results	1 Positive 1 patient ref. to Gyn. 3 patients to be recalled	1 Positive 2 patients to be recalled	3 patients to be recalled		3 Positives	4 patients to be recalled				
Social Class										
1	56	18%	8	6.3%	16	5.4%	121	7.6%		
2	65	20.9%	20	15.6%	45	19.3%	230	14.5%		
3	138	44.4%	62	48.4%	125	53.6%	813	51.3%		
4	11	3.6%	2	1.6%	6	2.6%	45	2.9%		
5	7	2.2%	5	3.9%	8	3.4%	76	4.8%		
Not stated	34	10.9%	31	24.2%	33	14.2%	299	18.9%		
Retired	-	-	-	-	-	-	-	-		
TOTAL	311	128	233	672	618	294	1,584			
Age Groups										
24 and under	18	5.8%	11	8.6%	14	6%	54	18.4%	216	13.6%
25 - 29	44	14.1%	24	18.8%	23	9.9%	75	25.5%	255	16.1%
30 - 34	54	17.4%	14	10.9%	39	16.7%	56	19%	237	15%
35 - 39	66	21.2%	17	13.3%	48	20.6%	39	13.3%	274	17.3%
40 - 44	44	14.1%	26	20.3%	35	15%	30	10.2%	218	13.8%
45 - 49	47	15.1%	18	14.1%	35	15%	23	7.8%	199	12.5%
50 - 54	24	7.7%	3	2.3%	26	11.2%	12	4.1%	106	6.7%
55 - 59	9	3%	9	7%	11	4.7%	4	1.4%	57	3.6%
60 and over	5	1.6%	6	4.7%	2	0.9%	1	0.3%	22	1.4%
TOTAL	311	128	233	672	618	294	1,584			

Analysis of social classes (Oxfordshire Sample Census 1966): Social class 1 - 15.8%, Social class 2 - 33.3%. Social class 3 - 15.4%, Social class 4 - 21.5%, Social class 5 - 6.7%, Armed forces and inadequately described - 7.4%.

Marie Curie Memorial Foundation

The County Nursing Officer has continued to draw on the funds made available by the Foundation, and during the year £27 has been spent on persons in need.

Medical loan depots

The British Red Cross Society have continued to provide articles on loan from their medical loan depots in various parts of the County. Some articles are loaned free, while a small charge is made for others. During 1967, 374 articles were loaned for County patients.

The St John Ambulance Brigade have provided articles on loan from their medical loan depots at Banbury, Barton, Charlbury, and Shipton-under-Wychwood. A small charge is made for the loan of these articles.

Nursing equipment and domiciliary nursing aids

Each year attention is drawn to the increasing demand for appliances, or alterations and adaptations to the house, in order that elderly or severely handicapped people can remain at home with the help of relatives and the domiciliary health services. The following details show how new technological advances are resulting in more home care, and in making life more bearable for those who are severely handicapped.

A new renal dialysis (artificial kidney) unit at the Churchill Hospital means that patients with kidney failure, many of them young people, can live full and active lives and continue in their employment. After a period of several weeks in hospital during which the patient becomes familiar with the apparatus and the way it works, he can be discharged home and continue treatment with the apparatus, which is supplied by the hospital, in his own home. Alterations to the home, including the provision of water-proof floor covering, sink unit and plumbing are the responsibility of the local authority if the patient is in financial need. Towards the end of the year notification was received of two County patients receiving this form of treatment and arrangements were made for the district nurses to visit the hospital and become familiar with the apparatus and care of the patient.

A new Patient Operated Selector Mechanisms (POSSUM) for the severely disabled has been invented for patients who are totally paralysed apart from being able to move the head. By mouth suction on a tube the patient lying in bed can operate a selector apparatus which will enable him to ring a loud alarm bell in emergency, speak to someone calling at the door, open the door, switch on the light, the electric fire, radio or television. This apparatus is still in the research stage, but by a combined operation between the Ministry of Health, the County Health Department, the hospital physical medicine department, and the Bullington Rural District Council, the apparatus was installed and its provision has made untold difference to the life of the patient.

In addition to these new forms of help which are becoming available, the department has continued to supply on loan hoists, special beds, chairs, commodes, walking aids, and the hundred and one items which can help in different ways.

Recuperative holidays

On the recommendation of medical practitioners, 9 men, 26 women, and 1 child were sent to various convalescent homes, mainly at resorts on the south

coast. Over half the adults for whom arrangements were made were over the age of sixty.

Contributions towards the cost of convalescence were assessed in accordance with the scale approved by the County Council.

Miss P. E. White, Branch Welfare Officer of the Oxfordshire British Red Cross Society, has kindly submitted the following report:

'The Oxfordshire Branch of the Red Cross arranged holidays for 67 people from the County. The majority of these were handicapped but one or two came under the heading of elderly or infirm. The figure of 67 also includes a few husbands or wives accompanying a disabled partner. In a number of cases the holidays arranged had to be paid for entirely or in part by the Red Cross.

In addition to arranging holidays, we arranged a certain amount of transport for disabled people in the County who did not come within the scope of the Hospital Car Service.'

Chiropody service

The chiropody services were maintained throughout the year, both at the directly provided council clinics and in the clinics provided by the British Red Cross Society, the Oxfordshire Association for the Care of Old People, and the Women's Royal Voluntary Service. 2,678 patients have received treatment during the year in County Council clinics and from voluntary organisations.

(a) County Council services:

Banbury:	In addition to the sessions provided by Miss Stokes in her own surgery, two sessions a week are held at the Neithrop Clinic.
Bicester:	Two sessions a week are held at the Bicester Health Clinic.
Chipping Norton:	One session a month is held at The Chestnuts.
Henley:	Eight sessions are held each month at the Henley Health Clinic.
Witney:	One session a week is held at the Nuffield Health Centre.

(b) Service provided by voluntary organisations:

A grant of £2000 was made available to the British Red Cross Society for the clinics they provide at the following villages:

Adderbury, Bampton, Begbroke, Bicester, Burford, Chalgrove, Churchill, Clanfield, Fewcott & Ardley, Filkins, Fringford, Goring, Goring Heath, Hailey, Hethe, Hook Norton, Islip, Kidlington, Kingston Blount, Minster Lovell, Northmoor, Old Marston, Shiplake, Sonning Common, South Stoke, Standlake, Stoke Row, Tetsworth, Tiddington, Watlington, Wheatley, Woodcote, Yarnton.

A grant of £1150 was made to the Oxfordshire Association for the Care of Old People for the clinics at:

Beckley, Benson, Bletchington, Carterton, Chadlington, Charlbury, Chinnor, Clifton Hampden, Deddington, Dorchester, Enstone, Ewelme, Eynsham, Forest Hill, Freeland, Fritwell, Great Milton, Horspath, Kingham, Leafield,

Littlemore, Long Hanborough, Lower Heyford, Milton-under-Wychwood, North Leigh, Shipton-under-Wychwood, Sibford Ferris, Wardington, Woodstock, Woodstock Ryegrass, Wootton.

A grant of £160 was made to the Women's Royal Voluntary Service for the clinics at Banbury and Great Haseley.

HOME HELP SERVICE (SECTION 29)

The statistics again show the continued need for the provision of this service. The care of the aged in their own homes is vital - the number of cases assisted in this category has risen considerably in the past four years.

All requests for help are investigated in order to avoid any abuse of the service. The Ministry of Health have urged that no charge should be made to persons in receipt of Ministry of Social Security allowance - a great proportion of cases come within this category.

The helpers employed are required to complete an enrolment form and medical history sheet. Two references are obtained to ensure the person concerned is of a good standard.

Meetings for helpers are held quarterly in their respective areas. Talks and demonstrations which are given by representatives of statutory and voluntary organisations link the helpers together as a team, afford opportunities for discussion, and help them to obtain a true perspective of their vital place in the health service as a whole.

There has been a slight increase in the number of helpers employed and prepared to use their own transport, to whom a small reimbursement is made. This arrangement has proved invaluable in isolated areas where it is difficult to recruit local help.

To ensure efficient administration a close liaison with members of other statutory and voluntary bodies is maintained.

	65 years and over on first visit	Aged under 65 years at first visit				Total no. of persons helped
		Chronic and TB	Mentally disordered	Maternity	Others	
1963	633	36	7	24	68	768
1964	657	35	6	36	66	800
1965	739	68	10	67	66	950
1966	886	91	15	85	109	1,186
1967	977	79	8	76	130	1,270

Total number of new cases assisted during 1967

65 years and over on first visit	Aged under 65 years at first visit				TOTAL
	Chronic and TB	Mentally disordered	Maternity	Others	
318	24	6	66	104	518

Income from total assisted during 1967

Full Charge	Assessed according to Scale	Special- Reduced or Free	TOTAL
180	74	1, 016	1, 270

Number of new cases referred by :

C. Dept.	GP	DN/M	H/V	* MSW	Welfare	Mental health	§ MOSS	Personal	Other	TOTAL
4	187	42	101	93	9	3	15	35	29	518

Details of persons receiving help

Persons Living Alone			Couples and old persons with lodgers etc.	Families with only father in the home	Families with only mother in the home	Families with both parents in the home	TOTAL
M	F	Total					
161	570	731	385	11	12	131	1, 270

* Hospital Medical Social Worker

§ Ministry of Social Security

MENTAL HEALTH

Mental illness

There was a 10% increase in the total number of hospital admissions in 1967. The figures for recent years are quoted in Table I and it is of interest that in the period since 1961, which was the first full year following the adoption of the Mental Health Act, 1959, there is a tendency for admissions to reach a peak every third year. However, this is not seen in the national statistics for the period and, consequently, is likely to be attributable to random fluctuation.

The majority of patients (72.4%) were again admitted on an informal basis. It is pleasing to note the moderate reduction from 62.4% in 1966 to 56.0% in 1967 in the proportion of compulsory admissions for whom Section 29 of the Mental Health Act was invoked. It is clearly desirable that use of this emergency procedure, which dispenses with the need for prior assessment by a consultant psychiatrist or other doctor approved under the provisions of the Act, should be used as sparingly as possible.

Table I - Hospital admissions (mental illness)

Method of admission	1957	1958	1959	1960		1961	1962	1963	1964	1965	1966	1967
Certified	27	37	19	2	1.1.60							
Vol. & temp.	268	341	235	3	to							
Observation	121	105	165	54	31.10.60							
Informal			54	193		315	273	259	308	238	266	286
Section 29 (emergency)				9		62	56	48	55	60	58	61
Section 25 (observation)				5		13	27	30	24	29	25	41
Section 26 (treatment)				-		9	7	7	7	7	4	4
Other sections (60 and 65)								5	3	3	6	3
Totals	416	483	473	266		399	363	349	397	337	359	395

A full establishment of Mental Welfare Officers was achieved early in the year and the improved staffing situation is reflected in the substantial increase (35.2%) in the visits to mentally subnormal and sick persons as recorded in Table II. Further progress has been made in fostering links with consultant teams and family doctors. Deployment of Mental Welfare Officers on an area basis is proving helpful in increasing contact with the latter. This will be further facilitated by reduction in the size of areas, as the staff increases through the training scheme, and also through the common use of health centres as these are established.

Table II - Social work (mental illness and subnormality)

	Supervisory visits (Subnormality)	Pre/after-care visits (Mental Illness)	Misc. visits employment etc.	Total Visits
1959	955	79	447	1481
1960	898	356	689	1943
1961	1023	806	857	2686
1962	992	1117	975	3084
1963	803	880	958	2641
1964	1226	1148	1431	3805
1965	1388	1272	1176	3836
1966	1136	1370	1479	3985
1967	1789	2166	1431	5386

A Mental Health Association was established in Oxford during the year and is likely to make a valuable contribution to the mental health of the community through educational activities, exploration of needs, sponsoring of research and voluntary support of local organisations and individuals.

Mental subnormality

The numbers of subnormal persons under supervision and known to be in hospital are recorded in Tables III and IV which show the increase in numbers over the years and the slight increase in incidence expressed per thousand of the population. The factors responsible for this increase were reviewed in the Annual Report for 1966.

Table III - mental subnormality

Number of Patients known to L. H. A. at 31st December	Informal Supervision	Guardianship	Hospital	Total
1961	378	12	279	669
1962	401	15	280	696
1963	468	14	282	764
1964	505	11	290	806
1965	539	11	292	842
1966	551	10	302	863
1967	602	9	325	936

Table IV - Incidence of subnormality

Year	Total	Rate/1000	Hospital	Rate/1000	Home	Rate/1000
1950	497	2.88	179	1.04	318	1.84
1955	598	3.12	268	1.40	330	1.72
1960	616	3.06	280	1.39	336	1.67
1961	669	3.26	279	1.36	390	1.90
1962	696	3.30	280	1.33	416	1.97
1963	764	3.52	282	1.30	482	2.22
1964	806	3.60	290	1.34	516	2.26
1965	842	3.67	292	1.27	550	2.40
1966	863	3.60	302	1.26	561	2.34
1967	936	3.75	325	1.30	611	2.45

Further details of admissions and discharges of subnormal persons and the numbers remaining on the hospital waiting list are given in Tables V and VI. The delay encountered in providing and staffing additional hospital beds for severely mentally handicapped children has been a grave disappointment. The care of the relatively few children on the urgent waiting list has continued to be a very heavy strain on their families despite the efforts of the hospitals to assist through the provision of periodic short term care and the support of the local authority services. It is pleasing to report that early in 1968 permanent care was made available for five of these very deserving cases, and it is very much hoped that admission of the remaining urgent cases will not long be delayed.

Table V - Hospital admissions and discharges (mental subnormality)

1. Number of Oxfordshire patients in hospital 31.12.66	302
2. Admitted to hospital during the year :	71
detained on sections	6
informal admissions long term	17
informal admissions short term	48
3. Number discharged, or died, during the year	48
4. Number in hospital 31.12.67	325

Table VI - Subnormal persons awaiting permanent hospital care at 31.12.67

(1) Urgent Cases

<u>Under Sixteen</u>		<u>Sixteen and Over</u>	
<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>
6	2	1	1

(2) Non-urgent Cases

<u>Under Sixteen</u>		<u>Sixteen and Over</u>	
<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>
3	3	6	10

The steady decline in the number of cases under guardianship has continued with the discharge of another order, leaving one mentally ill and eight severely subnormal persons under statutory supervision.

Table VII - Guardianship

Cases at 31.12.67

	Under 16	Over 16	Total
Mentally ill	0	1	1
Subnormal and severely subnormal	1	7	8

In the course of the year there has been an increase of 10% in the number of mentally handicapped persons (252) attending junior or senior training centres (industrial training units) and of 13.9% in attendance at the department's own centres. These include a small number of individuals who are suffering from a form of mental illness and are temporarily or sometimes permanently incapable of open employment. Attendance for this group can be an important factor in rehabilitation. Separate workshop provision at the new Banbury Industrial Training Unit, which was completed by the end of the year and opened in January 1968, will permit extension in this field.

The new training centres at Wheatley and Witney have functioned very effectively in their first full year and the opening of the new Unit at Banbury has relieved the pressure on the previous Centre, which in future will be available for children only. The benefits of separating the children from the adults are already apparent.

As anticipated in my report for 1966 the pressure on the Woodlands Training School, Borocourt Hospital, which provides training facilities for South Oxfordshire, has increased further and the Acting Medical Superintendent has been obliged to request the Health Committee to expedite plans for alternative provisions. As it is unfortunately inopportune at present to proceed with the early construction of a training centre in the area, negotiations with Reading are in hand and it is hoped that places will be made available during the year at centres administered by the Borough. The use of facilities associated with the hospital over the years is much appreciated and it is clearly appropriate that they should be freed with the minimum of delay now that they are required for the benefit of in-patients.

Table VIII - Training centres and industrial training units as on 31.12.67

	Under 16		Over 16		Total
	M	F	M	F	
1. Witney Training Centre	15	12	0	0	27
2. Witney Industrial Training Unit	0	0	31	27	58
3. Banbury Training Centre***	14	12	0	1	27
4. Banbury Industrial Training Unit**	0	0	19	12	31
5. Wheatley Training Centre	13	16	0	0	29
6. Wheatley Industrial Training Unit	1	2	14	16	33
7. Oxford City Training Centre	2	0	0	0	2
8. Brighton Training Centre*	0	0	0	1	1
9. Spastic Centre	3	2	0	3	8
10. Borocourt Hospital Day Centre	13	7	7	6	33
11. Bradwell Grove Day Hospital	0	0	3	0	3
TOTAL	61	51	74	66	252

*** In addition 5 Northamptonshire patients attend this centre.
** In addition 7 Northamptonshire patients attend this unit.
* This is an Oxfordshire patient under the guardianship of this Authority and fostered in Brighton.

There has been another marked and gratifying increase (39%) in the total earnings of trainees as shown in Table IX. The average weekly earnings, in fact, rose from £1. 3s. 6d. to £1. 5s. 8d. In addition, it has been possible for the staff to devote more time to social training which is, of course, a very important aspect of the work. The scheme for training staff, together with additional facilities at the new Industrial Training Units, will facilitate extension of such training.

The support of both sides of industry has continued and the Advisory Committee on the Employment of the Mentally Handicapped met regularly during the year and provided a useful forum for discussions between the various agencies involved.

Table IX - Earnings in industrial training units

	Average Number of Workers	Average Weekly Turnover of Earnings	Total Earnings
1963	66	£ 41	£ 1727
1964	73	£ 78	£ 3427
1965	78	£ 70	£ 3291
1966	96	£ 113	£ 5124
1967	120	£ 154	£ 7125

Club facilities

The club for trainees at the Banbury Industrial Training Unit has continued to flourish with the support of staff and parents. A club for the mentally sick was established at the Witney Industrial Training Unit during the year and is a useful example of co-operation between hospital and local authority staffs, with participation of voluntary organisations. At the end of the year membership amounted to sixty-five and included a number of trainees from the Unit.

Residential facilities

A. Sycamore House, Banbury

Admissions during 1967 - Long term	0
Short term	6
Residents at 31.12.67	10

There was again a high place occupancy at Sycamore House with ten mentally handicapped children resident at the end of the year and a further admission pending. The remaining place was reserved for short term care which is greatly appreciated by parents in affording occasional relief from the demands imposed by a handicapped child as well as proving invaluable in time of family sickness.

The home has continued to enjoy a considerable degree of support from the local community and this is much appreciated.

B. Group Homes, Banbury

The two group homes, which were established in 1966 to provide accommodation and support for persons suffering from mental illness, continued in occupation. Two long-stay residents at each home provided an element of continuity and five others were accommodated for shorter periods. A number of admissions

were pending at the end of the year and at the time of writing of the report there were four residents in one home and five in the other.

It was recognised from the outset that the homes would play a valuable role in providing accommodation on both a short and a long term basis. It was hoped that isolated individuals in need of group support would be referred by family doctors and that entry to the homes might forestall the need for hospital admission. However, there has been no referral of such individuals to date and all residents have been admitted following a period of hospital care. The group homes have undoubtedly facilitated discharge and it is gratifying to see certain residents living in the community and gainfully employed with only a modest degree of support, after long periods of hospital care.

New projects

1. Industrial training unit, Banbury (100 places)

Reference has already been made to the new Banbury Industrial Training Unit which was completed in November and occupied in January 1968. The relief of the former over-crowding, the separation of adults from children, and the additional amenities for social training and rehabilitation of the mentally sick are very welcome.

2. Dailey Hill House, Witney (25 places)

Dailey Hill House provides residential accommodation for 25 mentally handicapped adults of both sexes and was first occupied in September, 1967. Staffing difficulties have been encountered and it was necessary to restrict admissions to one floor in the first instance. At the end of the year there were 12 residents of whom 3 were in open employment and the remainder were attending the Industrial Training Unit.

It is envisaged that a proportion of the residents will eventually be able to progress on to selected lodgings and thus achieve a high degree of independence in the community. Others will inevitably require long term care. They participate in the maintenance of the home, and the supervisory staff co-operate with the staff of the Industrial Training Unit in attempts to achieve maximum financial and social independence.

The establishment of the Home will meet the immediate need for accommodation for mentally handicapped persons living in unsatisfactory conditions. There is, of course, a small demand for additional places as parents are no longer able to contend with their handicapped children as a result of advancing age, disability or death. It is highly desirable that parents who have borne a heavy burden over many years should know that suitable accommodation will eventually be available when required and that the future welfare of their child will be safeguarded. A recent survey in the Birmingham area has indicated that a high proportion of mentally handicapped adults in hospital would be better placed in hostels administered by local health authorities. A similar study is being undertaken locally and present plans for residential accommodation may need revision in the light of the results.

Staffing

There has been some improvement in the staffing situation, although the recruitment of trained staff remains difficult. The training scheme for Mental Welfare Officers and the staff of training centres is now in operation and will be most helpful in building up a well qualified staff.

WELFARE SERVICES

Welfare accommodation

Implementation of the requirements under Section 21 of the National Assistance Act, 1948, means providing accommodation suitable for men and women; for people from differing backgrounds; for the elderly able-bodied or younger age groups who are suffering from mental or physical handicaps; and for the very frail who require day and night attention. Much has been done, and future plans will do more to meet these varied requirements. The present provision in the County is as follows:-

Adderbury House, near Banbury	69 beds
Bucknell Manor, near Bicester	69 beds
Castle View, Chipping Norton	45 beds
Chilterns End, Henley-on-Thames	43 beds
Godswell, Bloxham	34 beds
High Leas, Henley-on-Thames	18 beds
Orchard House, Sandford-on-Thames	35 beds
St Edburg House, Bicester	30 beds
Shillingford Homes, Warborough	57 beds
Spencer Court, Woodstock	45 beds
Witan House, Witney	45 beds

One new home is in the course of construction at Thame (45 beds) and this will assist in easing the pressure on the normal waiting list, which at present stands at 110 and includes 18 persons awaiting admission from hospital.

During the year the new homes at Woodstock and Chipping Norton have been opened; this provision has helped to reduce the waiting list for welfare accommodation and resulted in the final closure of the institutional premises at Hensington House, Woodstock. Many residents have been able to return to the area from which they were originally admitted, and have expressed their appreciation of being able to move back to familiar surroundings.

Analysis of residents in Part III accommodation and Voluntary Homes on 31st December 1967, by major disability:-

Blind	35
Deaf	27
Epileptic	10
Mentally handicapped	82
Others	350
	<hr/>
	504
	<hr/>

Orchard House, Sandford-on-Thames

Orchard House was opened in October 1964 and provides residential accommodation for thirty-five handicapped elderly persons who are in need of special provision. Admissions and discharges are recorded in Table I and it will be noted that the majority have been transferred from old persons' homes because of their disability. Smaller numbers were admitted direct from home or hospital. It is gratifying to note that each year it has been possible for a number of residents to return to homes provided under Part III of the National Assistance Act, 1948, after a period of stabilization. Occasional cases have also returned to their own homes. Seven residents died and the average age at death was eighty-one years.

The nature of the major handicap is indicated in Table II but disabilities are frequently multiple and an element of mental confusion is almost general.

It will be evident that the establishment of this home under the provisions of the National Health Service Act, 1946, has been fully justified.

Table I - Orchard House - residents

Number of residents at :-	<u>1. 1. 67</u>	<u>1. 1. 66</u>	<u>1. 1. 65</u>
	35	35	23
<u>Admissions</u>	<u>1967</u>	<u>1966</u>	<u>1965</u>
From own homes	2	1	6
From Part III accommodation (including Hurdis House)	11	4	10
From hospitals	3	-	5
Re-admission from hospitals	-	1	2
Total	<u>16</u>	<u>6</u>	<u>23</u>
<u>Discharges</u>	<u>1967</u>	<u>1966</u>	<u>1965</u>
To own homes	1	-	2
To Part III accommodation	3	2	3
To hospitals	5	3	4
Deaths	7	1	2
Total	<u>16</u>	<u>6</u>	<u>11</u>
Number of residents at :-	<u>31. 12. 67</u>	<u>31. 12. 66</u>	<u>31. 12. 65</u>
	35	35	35

Table II - Orchard House - handicaps of residents

	Males				Females			
	at 31st December				at 31st December			
	1967	1966	1965	1964	1967	1966	1965	1964
1. <u>Not materially handicapped</u>								
(a) Elderly	-	-	-	1	-	-	-	1
(b) Others	-	-	-	-	-	-	-	-
2. <u>Blind</u>								
(a) Elderly	2	-	1	1	2	1	-	2
(b) Others	-	-	-	-	-	-	-	-
3. <u>Deaf</u>								
(a) Elderly	-	-	1	-	-	1	1	-
(b) Others	-	-	-	-	-	-	-	-
4. <u>Epileptic</u>								
(a) Elderly	-	-	-	1	-	1	1	1
(b) Others	-	-	-	-	-	-	-	-
5. <u>Other Physically handicapped</u>								
(a) Elderly	4	5	3	2	6	7	10	7
(b) Others	2	-	-	-	-	-	-	-
6. <u>Mentally Handicapped</u>								
(a) Elderly	1	5	5	3	17	15	13	4
(b) Others	1	-	-	-	-	-	-	-
Total	10	10	10	8	25	25	25	15

Sheltered housing

Following the adoption of the County Council scheme of grants to district councils which provide sheltered housing with welfare facilities and warden supervision, more dwellings of this kind are being erected and there is no doubt this is a substantial contribution in providing supervision for the more frail.

Temporary accommodation

Section 21(1)(b) of the National Assistance Act, 1948, requires County and County Borough Councils to provide temporary accommodation for persons rendered homeless in circumstances which could not reasonably have been foreseen. At the end of the year the following temporary accommodation was provided:

Cotefield House, Bodicote	8 - 10 units (dependent on size of family)
Walnut Villa, Fritwell	2 units
Brook Hill, Woodstock	1 unit
Stoneleigh, Deddington	3 family flats - self-contained

Stoneleigh, Deddington, was occupied on 4th October, 1967.

Number of persons in temporary accommodation on 31st December, 1967:-

Men	5
Women	10
Children aged 5 - 15	28
Children aged under 5	10
	<u>53</u>

Number of families in temporary accommodation on 31st December, 1967:-

Families with man, woman and 8 or more children	1
Families with woman and 1 - 2 children	4
Families with woman and 3 - 7 children	5
	<u>10</u>

The guaranteed rent scheme is helping to prevent the break-up of families and admission to temporary accommodation premises. A series of meetings has been arranged with representatives from County District Councils, and a high degree of co-operation with the housing authorities concerned has been achieved in ensuring the success of this work.

Meals on wheels

A substantial contribution to home care continues to be made by the expansion of the meals on wheels service which is mainly organised through the agency of the WRVS who normally recover 1s. 6d. from each recipient of a meal. The balance of the total cost of the meal which averages 3s. 2d. is subsidised by the County Council. Throughout the County an average of 320 meals are delivered on two days in the week.

Protection of property

When necessary, storage is arranged for items of furniture and personal property. Storage charges and any out-of-pocket expenses are recovered from the persons concerned. Various stores are maintained in suitable outbuildings at the welfare homes for this purpose, but, where the patient has sufficient means and storage is required, private firms are approached. This is often time-consuming work which may become very involved.

Registration of private old people's homes

There are four registered homes providing accommodation for 70 persons; the homes have been inspected during the year to ensure that proper standards are maintained.

Co-operation between County Council and hospital services

Dr R. A. Griffiths, Consultant Physician in Geriatrics, appointed jointly by the Oxford Regional Hospital Board, the County Council, and the United Oxford Hospitals, has kindly submitted the following report:

'There has been further progress in the co-ordination of services available for the elderly. The continuing needs of the elderly, and in particular the elderly disabled, are under continual review with respect to the availability of hospital, welfare home and domiciliary facilities. In this respect, regular consultative meetings between the Medical Officer of Health, his Deputy, the Welfare Services Officer, the County Nursing Officer, the Home Help Supervisor and myself have been invaluable.

A continuing policy of medical assessment of applicants for admission to welfare homes provides for the best use of different types of welfare home in the light of patients' requirements and priorities.

The medical officers of the welfare homes have brought their respective problems to the joint consultations. This has facilitated an understanding of problems on both sides and in particular has helped all to appreciate that there is an increasing problem of community care of the elderly disabled.

A joint appointment of a geriatric health visitor by Oxfordshire County Council and the Banbury and District Hospitals Management Committee is being undertaken. So far advertisements have not produced a suitable applicant for the post, but it is hoped that this joint venture will be successful.

The work centre for the disabled is now sited at the Neithrop Community Centre. It has been inevitable that this group includes some elderly disabled, and in this respect it is proving of great value and worthy of expansion. At present the group only meets one day a week - Tuesdays - and apart from supervision by the County Occupational therapist is run entirely by voluntary helpers. It is providing a new service for the elderly at comparatively low cost. It could well be a pattern for future development of community care and responsibility.

My official capacity as Advisor in Geriatrics to the County Council is terminated by my new appointment as Consultant Physician in General Medicine, but I continue to have responsibilities in the geriatric field and it is intended that the regular consultative meetings and joint efforts in the northern part of the County should continue as before. '

Oxfordshire Association for the Care of Old People

Mr L. W. Wood, Honorary Secretary of the Oxfordshire Association for the Care of Old People, has kindly let me have the following report:

'At the end of the year the membership of the Association was 68 Clubs. The Club Leaders met together for their Annual Conference in October, 1967. The subject of the conference was Preparation for Visiting Old People, Training Courses available, and the development of the work in Banbury and Woodstock.

Chiropody : Three clinics were added during the year, and at the end of the period the Association was responsible for 36 chiropody sessions each month,

mostly in village halls and some in doctors' surgeries. The Association allowed a minimum number of domiciliary cases to be treated.

Holidays: In May, 1967, 281 old people went for holidays in Norfolk and Devon. The Association has agreed to limit its arrangement of holidays in 1968 to one Holiday Camp in Norfolk.

Preparation for visiting old people:

- 1) Village meetings: The Association carried out conferences in Woodstock, Chipping Norton, Watlington and Sonning Common, at which representatives of existing voluntary organisations, Old People's Clubs and doctors and social workers were invited to discuss the provision for old people in the neighbourhood, and to consider the possibility of visiting schemes for house-bound old people.
- 2) Central course on preparation for visiting: With the help of the Health Department and the Education Department of the County Council, and of the National Old People's Welfare Council, a training course of four sessions was arranged in the Kidlington Adult Education Centre in May/June, 1967, partly for those who had already attended the village meetings referred to above, and partly for new members. A satisfactory number of students attended on the average, and impetus was given to the proposals for visiting schemes in the villages.
- 3) Banbury Old People's Welfare Committee: This Committee undertook a similar training course as that above in the months of September/October, 1967. It attracted a useful number of people from all the organisations and interested parties in the town, and will help to establish this newly created Old People's Welfare Committee.
- 4) Woodstock Steering Committee: The Kidlington Course referred to above also stimulated members in Woodstock to call a public meeting and create the beginnings of an organisation to bring together all those concerned with the welfare of old people and other social work projects for the Borough.
- 5) Banbury Rural District: After a considerable amount of discussion with the Banbury Rural District Council and its Housing Sub-Committee, a scheme has been evolved for keeping in touch with old people in the area of the Geriatric Unit of the Neithrop Hospital, and with the statutory and voluntary social workers there. With the help of the WRVS, a local representative has been appointed in all the villages in the Banbury Rural District. To these people the Medical Social Workers, the doctors in the Geriatric Unit, the staffs of the hospitals, the Ministry of Social Security Officers and other social workers will be able to report on old people, so that when they return to their villages after treatment, the neighbourliness of the village may be recruited in order to prepare for their return. This arrangement is in co-operation with the statutory services. The Association has agreed to bring these voluntary representatives together from time to time, to help them to meet each other to discuss their common problems and to understand more of the complexities of the Social Services. This scheme in one rural district will be watched to see if it might be expanded into other areas of the county.

At the beginning of these arrangements, Miss G.M. Hutchinson, the voluntary social worker and Club Officer of the Association died suddenly. This meant that the Course had to be carried through with a greater amount of help from committee members, and it meant that the proposals for expanded work arising from the village meetings had to be held in abeyance until a new appointment could be made.

Field Officer for the Elderly: The Association, on the death of Miss Hutchinson, then discussed the future with the Health Department of the Oxfordshire County Council. It made a proposal to appoint a part-time Officer with the new title of Field Officer for the Elderly, and on the promise of £700 a year beginning on 1st April, 1968, the Association advertised and proposed to appoint the new Officer as soon as possible in the current financial year through its own finances. When the Officer is appointed she will pick up the threads left by Miss Hutchinson, and the Association will proceed with its proposals to discuss, widely throughout the county, schemes for visiting old people.

Ministry of Social Security: An address was given at the Annual Club Leaders Conference on the work of the Ministry of Social Security, and every opportunity has been taken to inform Club Leaders and others of the benefits that old people of pensionable age may receive.

Wardens of local authority accommodation for old people: Three meetings for wardens of bungalows and flatlets for old people provided by local authorities were held during the year. Two were held in the English Speaking Union in Oxford, one was held in the assembly room of the group of flatlets at Eastern House, Littlemore. Some housing managers of rural district councils have attended, so that they might keep in touch with the matters discussed by the wardens. It has generally been said that this is the only meeting of its kind for the wardens, and the meetings have been greatly valued.

Banbury Old People's Welfare Committee: The committee lived through its first year of life; it undertook the training course in Visiting Old People reported upon above; it set up a sub-committee to explore the problems of visiting housebound old people, and it received its first gifts to its newly established 'Comforts Cupboard'.

Work in the field: As reported above, the Association was sadly affected by the death of Miss G. M. Hutchinson, who had been the Association's Travelling Officer for many years and who had visited many clubs to help them with their programmes and their problems. The work since then has been carried on by correspondence as far as possible, and members of the Executive Committee have been good enough to keep in touch with their local clubs.

In conclusion, the Association is glad to recognise the help and advice that it has received from the officers of the Health and Welfare Department of the County Council and of the Ministry of Social Security. It would also record its thanks to the National Old People's Welfare Council for the service of its travelling officer and its service of circulars and memoranda of information.

Welfare of handicapped persons

Regular visits are made to a number of handicapped people in the young chronic sick category, mainly suffering from either a progressive condition or a very severe handicap. Practical and supportive help is offered to them and to their families, and it is felt that such regular visits are useful. One instance is that of a man who owing to a combination of handicaps was unable to keep a job. He has now successfully completed training for employment under sheltered conditions and been allocated a house within the settlement, where his family will join him. Other handicapped people have been visited for assessment of their needs. In all 310 visits have been made during the year.

Distribution of car badges to disabled drivers

At the end of 1967, 163 badges were in use by disabled drivers to enable them to obtain sympathetic attention for parking their vehicles. Badges are renewed at yearly intervals on application, or when a new vehicle is obtained.

Welfare of the blind

Miss F.M.Delves, Secretary to the Oxford (City and County) Society for the Blind, has contributed the following report:

'Registration: There were 337 blind persons on the register at the end of the year being an increase of 2 on the previous year's total. Thirty-three newly registered persons were added during the year and 9 were inward transfers. Forty-one were removed from the register owing to death or leaving the County: none was removed because of improved sight.

Blind population: The age groups for blind persons in Oxfordshire is shown, as required by the Ministry of Health, in the following table:

<u>Age</u>		<u>Age</u>		<u>Age</u>		<u>Age</u>		<u>Age</u>	
0	-	4	1	21-29	4	60-64	26	85-89	51
1	-	5-10	5	30-39	8	65-69	24	90+	29
2	1	11-15	6	40-49	16	70-79	87		
3	1	16-20	10	50-59	20	80-84	48		

70.9% are over 65 years of age, 37.9% are over 80 years of age, and 8.6% are over 90 years of age.

Registration of partially sighted persons: Two hundred and ten partially sighted persons were on the register at 31st December 1967, an increase of 10 on last year's total. Forty-three newly registered were added during the year and one transferred in from another county. Nineteen people died during the year, 10 were transferred from the partially sighted register to the blind register, four left the County and one child emigrated to Australia with his parents. The following table shows the age groups of partially sighted persons, classified as required by the Ministry of Health:

<u>Age</u>		<u>Age</u>	
0-1	1	21-49	27
2-4	1	50-64	20
5-15	19	65+	134
16-20	8		

63.8% are over 65 years of age, 33.3% are over 80 years of age and 5.7% are over 90 years of age.

Incidence of blindness and partial sight: The following table gives particulars of the 31 blind and 43 partially sighted persons registered during the year :

	Cause of disability							
	Cataract		Glaucoma		Retrolental fibroplasia		Others	
	Blind	Partially sighted	Blind	Partially sighted	Blind	Partially sighted	Blind	Partially sighted
(i) Number of cases registered during the year in respect of which form BD8 recommended:								
a. No treatment	1	-	2	-	-	-	9	4
b. Treatment (medical, surgical or optical)	4	6	4	4	-	-	11	29
(ii) Number of cases at (i) b. above which on follow-up action have received treatment	2	4	3	4	-	-	9	19

Ophthalmia neonatorum : No notifications of ophthalmia neonatorum were received.

Employment: The retail shop at Banbury was closed during the year after selling goods made by the blind for over forty years. No suitable blind persons could be found to man the shop, as had been done in the past, and it was decided to find other outlets for goods made. There are still four homeworkers in the Home Workers Scheme and sales of socks have improved greatly during the year. The brush maker and two basket makers have been fully employed. There are still six blind people unemployed, and of these one attends a day centre for the mentally handicapped, and it is hoped to send another one to a similar centre in the near future. There is one worker in the City Sheltered Workshops and sixteen in open industry.

Placement service: Close liaison continues to exist between the various people concerned with placing blind and partially sighted people in employment and joint discussions on the future of school leavers is found to be very helpful.

Home Teaching Service: There are now five handicraft classes in the County, one each in Henley, Kidlington, Bicester, Banbury and Chipping Norton, and monthly social gatherings are also held in Banbury, Bicester and Thame. It is the aim of the home teachers to make sure that the handicraft classes provide a tremendous interest for the people who attend them and who turn out really sale-able goods. The value of these classes is inestimable and it would be quite impossible to hold them if it were not for the transport provided by the County Council.

General social welfare: The Society's premises in Charlbury were used a great deal during the year for various social functions, and many tea-parties were held in the large garden. Local people, in particular the British Legion, take a great interest in the work of the Society and throughout the County the number of voluntary helpers and organisations and firms which provide socials and outings increase every year. The Welfare Committee continues to meet monthly and to give grants for additional comforts, convalescent holidays, fuel, etc. One hundred and sixty people took part in the communal holiday when the idea was first started in 1961 and this number has risen to 221 in 1967 when the party visited Weston-super-Mare.

As the need arises, applications for special pensions have been applied for and obtained from various sources, and this extra money is much appreciated by the recipients.

Wireless sets and talking books are still in demand and the large print books available from public libraries are now in much more general use.

All in all, there was no spectacular happening in 1967, but every branch of service to the blind and partially sighted is slowly but gradually extending. '

Deaf persons

Mr P. L. W. Hunt, Superintendent Missioner of the Deaf for the Oxford area, has contributed the following report:-

'Welfare services for the profoundly deaf and hard of hearing people in the County have been carried out by the Senior Welfare Officer for the Deaf during the past twelve months. A new Welfare Assistant was engaged in September and he will be studying for the Deaf Welfare Diploma during the next three years.

The newly formed club in Banbury continues to flourish and there are now about 53 members. The club's membership is made up of people with varying degrees of deafness and using different means of communication, but all mix very well together. We are most grateful to Mrs. Atkins of Adderbury and her hard working Committee for organising the club's activities.

Deaf people from country districts are brought into the Oxford Centre for special functions such as the annual parties and dinners.

A comprehensive welfare service has been provided and the staff have assisted the deaf in hospital, at the police station, in the law courts, in doctors' surgeries, etc. Regular visiting has been maintained. Lip-reading lessons have been made available to hard of hearing people. Close liaison has been maintained between voluntary organisations and local government departments.

The Senior Welfare Officer for the Deaf continues to serve on the Committee of the Oxford Branch of the National Deaf Children's Society. '

No. of persons on register at 31st December, 1967.

Description	Under 16		16 - 29		30 - 49		50 - 64		65 or over		Total
	M	F	M	F	M	F	M	F	M	F	
Deaf with speech	14	9	5	8	3	2	2	2	3	4	52
Deaf without speech	8	5	4	6	6	4	4	7	4	5	53
Hard of hearing	-	1	1	4	4	-	1	3	35	57	106

Registration of handicapped persons (general classes)

On the 31st December 1967 the following persons were on the register :

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Children under 16	4	2	6
Persons 16 - 64	179	163	342
Over 65	117	252	369
	<u> </u>	<u> </u>	<u> </u>
	300	417	717
	<u> </u>	<u> </u>	<u> </u>

Epilepsy

On the 31st December 1967 there were seven persons in the care of the Welfare Homes Committee in the epileptic colonies.

INFECTIOUS DISEASES

Measles was prevalent mainly in the first half of the year. As usual children of pre-school and early school years represented the age groups most involved.

Cases of infective hepatitis and glandular fever were notified throughout the year but the figures did not indicate unusual or epidemic prevalence in any area.

Notification of infectious diseases 1967

Diseases	URBAN DISTRICTS								RURAL DISTRICTS							TOTALS FOR ADMINIS- TRATIVE COUNTY
	Banbury Borough	Woodstock (Borough)	Chipping Norton (Borough)	Henley-on-Thames (Borough)	Bicester	Witney	Thame	TOTALS FOR COMBINED URBAN DISTRICTS	Banbury	Chipping Norton	Witney	Bullington	Henley	Ploughley	TOTALS FOR COMBINED RURAL DISTRICTS	
Scarlet fever	14	-	-	-	-	-	-	14	2	2	-	8	3	10	25	39
Whooping cough	16	-	-	3	-	-	-	19	4	14	2	45	23	6	94	113
Poliomyelitis:																
Paralytic	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Non-paralytic	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Measles	488	47	72	152	30	59	88	936	239	318	727	762	559	532	3137	4073
Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dysentery	11	-	-	-	-	-	-	11	5	4	5	10	7	-	31	42
Meningococcal infection	-	-	-	1	-	-	-	1	-	-	-	1	-	1	2	3
Pneumonia	2	-	1	-	-	-	-	3	1	1	2	-	4	7	15	18
Smallpox	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Acute encephalitis:																
Infective	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Post-infectious	1	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1
Typhoid fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Paratyphoid fever	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	1
Erysipelas	1	-	-	-	-	-	-	1	1	1	-	-	-	-	2	3
Food poisoning	-	-	-	-	1	-	7	8	-	-	2	1	4	1	8	16
Tuberculosis:																
Respiratory	9	1	1	1	1	8	-	21	6	2	11	14	3	16	52	73
Non-respiratory	3	-	-	1	-	-	1	5	1	-	1	3	-	1	6	11
Puerperal pyrexia	-	-	-	-	-	-	-	-	-	-	-	1	1	-	2	2
Ophthalmia neonatorum	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Anthrax	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Infective																
Hepatitis	19	1	1	1	-	1	-	23	6	4	1	11	3	6	31	54
Glandular Fever	-	-	1	8	-	1	1	11	3	5	-	8	10	7	33	44

Tuberculosis

I am indebted to Dr J. M. Black, Consultant Chest Physician, for the following report:

'An analysis of the new notifications of tuberculosis, derived from the weekly returns of the two combined districts of Oxfordshire shows the disease distribution.

New notifications of tuberculosis 1967

Ages	Pulmonary		Non-pulmonary		Total
	Male	Female	Male	Female	
0-14	3	5	-	-	8
15-44	16	10	4	5	35
45-64	11	8	-	1	20
65+	9	8	-	-	17
All ages	39	31	4	6	80

The total number of new notifications similarly derived during the past five years is shown as follows :

Year	Pulmonary		Non-pulmonary		Total
	Male	Female	Male	Female	
1963	41	30	3	8	82
1964	53	38	-	4	95
1965	43	31	8	2	84
1966	45	31	3	6	85
1967	39	31	4	6	80

The total number of new cases of tuberculosis in Oxfordshire during the past five years remains fairly constant. The sex and age distribution does not vary very much. Quite a number of the cases had very extensive disease and approximately one-third had tubercle bacilli in the sputum. All the cases were of British origin except two who were Spanish. Of the latter one was a butler and the other a priest. There were no new cases during 1967 among the Pakistanis and Indians in Oxfordshire. It will be recalled that in 1966 six of the new cases occurred among immigrants - 1 Irish, 1 Chinese, 2 Indians, 1 Pakistani and 1 Pole.

Twenty-one patients with tuberculosis died during 1967 (14 males and 7 females). Most of them died of causes other than tuberculosis but the damage to the lungs resulting from this disease no doubt played a part in some of the cases. Of those whose tuberculosis was a primary factor one must mention an elderly male age 75 who had long standing disease and drug resistant organisms, a female age 69 whose disease was widely disseminated and progressive in spite of prolonged and intensive hospital treatment, and an elderly female of 92 who died of miliary tuberculosis; the disease was very advanced and there was no response to treatment. Also it is worth recording that one male patient in his 50's died indirectly as a result of gross bilateral renal tuberculosis.

The problem of tracing cases of tuberculosis is illustrated by the following example. One male patient age 27 was diagnosed as having extensive pulmonary tuberculosis with tubercle bacilli in his sputum in December 1966. Contacts were examined. These included members of his family locally and in other parts of the country, neighbours and friends and work contacts. Certain members of his family who had been infected were given antituberculous treatment. Of the work contacts, no other cases were discovered at that time by the mass x-ray unit which went to the place of work and offered chest x-rays to everyone. However, quite a number of people did not attend. In December 1967, the mass x-ray machine returned and two cases of tuberculosis were discovered. One had a tuberculous pleural effusion. He decided to attend because of the pain in his chest. The other, a male age 55, had extensive chronic cavitating disease with numerous tubercle bacilli in his sputum. He did not attend for x-ray previously because of apathy. He had had a chronic cough for at least four years. It seems likely that he had infected the other two and almost certainly many more people as well. Inquiry reveals that there are still quite a number of work contacts who have avoided the mass x-ray unit. During the next few years, it is fairly certain that active disease will occur in a proportion of the contacts. Unless they are detected early the same train of events will be repeated and possibly ad infinitum.

It is noted at the time of writing that the Government is considering removing the compulsory powers of removal to hospital of a person with open tuberculosis who fails to co-operate with therapy. At this stage one would have hoped for an intensification of effort to try to eliminate this disease.

As far as the local effort is concerned, excellent work has been done by the team of people concerned with the tuberculosis problem and many thanks are due to the health visitors, medical social workers, general practitioners and hospital colleagues. '

Miss S. Kenyon, the Senior Medical Social Worker at the Churchill Hospital, has kindly submitted the following report:

'Casework with tuberculosis patients treated in hospital, and attending the Chest Clinic as out-patients, has continued throughout the year. The individual problems and reactions of any person facing illness are of course very varied, and it is with these that the Social Worker tries to help. The patients are of all ages and from many different backgrounds. For some patients the diagnosis itself is the first major crisis, often with feelings of isolation heightened by separation from home and work. Even with our Social Security Benefits, illness may also bring financial loss and further consequent anxieties, particularly for the elderly who already may have only slender resources. The Oxfordshire Association for Tuberculosis and Bronchitic patients is in many cases able to help with the cost of extra heating for those at home in the winter, or a much needed holiday and change of surroundings in summer, which is often the highlight of the year. Help may be given as well to a relative visiting hospital from a long distance, and maintaining the vital connecting link with home over many weeks, or with other special expenses which have perhaps been taken on before the illness and may become a tremendous source of anxiety if not met. Most important of all, the Social Worker helps with and listens to the patient's plans as he or she recovers from the illness, and in this way the patient begins to regain his own confidence and independence and move on again to take his or her place in the family, in the community, and at work.

There are, of course, patients suffering from other chest diseases. Some of them are bronchitic, perhaps badly disabled well before retiring age, whose breathlessness is as crippling as other more obviously disabling diseases. They must face dependency on their family instead of carrying their normal

responsibility as breadwinner or as wife and mother. Asthma is another chest illness which sometimes brings very complicated social and emotional difficulties with which the Social Worker may be able to help. Patients suffering from lung cancer are perhaps those most needing help, and sometimes the Social Worker can assist in a very practical way with grants from the National Society for Cancer Relief in London, which relieve anxiety both for the patient and his family. The patient and close relatives need also to be helped by an opportunity to talk about their fears of the illness and the grief which it may bring.

Throughout her work, the Social Worker maintains close contact and co-operation not only with the medical and nursing staff in the hospital and chest clinic, and with all members of the medical team such as physiotherapists and occupational therapists, but also with many outside agencies both statutory and voluntary. Thus, we try to mobilize the patient's own inner resources and those of his family as well as the many outside services of this community. In this the Social Worker often co-operates closely with the health visitor, with her particular service to patients in their homes. It is always hoped that treatment and recovery will bring return to normal living and working, but where this is not possible the Ministry of Labour Disablement Resettlement Officer is able to help a patient who needs to change his employment, or requires rehabilitation and retraining. We therefore work collaboratively with others, as well as helping individual patients and their relatives, to try and find the best possible answers to personal human need. '

Tuberculosis surveys

Detailed inspections and investigations were carried out at:

1. A County secondary school was investigated because of the high percentage (25.9 per cent) of positive reactors among the 12 - 13 year olds at routine testing. The first and second year children (158) were skin-tested and 58 (34.5 per cent) had unexplained positive reactions. These positive reactors and their families and the senior children and staff of the school were x-rayed (233). One pupil, aged 11 years, with a strongly positive reaction to a skin test, and one family contact were referred to the Chest Clinic, but no cases of active tuberculosis were detected.
2. An old people's home was visited by the mobile x-ray unit, after one of the residents had died in hospital, and had been found to have active pulmonary tuberculosis. 48 residents and staff were x-rayed, but no further tuberculosis infection was found. The 12 residents who could not be x-rayed owing to illness or infirmity were referred to their general practitioners for observation.
3. A theological college was visited by the mobile x-ray unit after one of the students had been notified as having pulmonary tuberculosis. 161 students and staff were x-rayed and 2 students were referred to the Chest Clinic, but no further cases of tuberculosis were found. In future, the college is to be visited annually by the x-ray unit.
4. A secondary school was visited, after a girl aged 13 years had been notified as having pulmonary tuberculosis. She had been followed up after having a chest x-ray as a positive reactor. As before, the first and second year children were skin tested (61), of whom 2 had unexplained positive reactions. These children and their families, and the senior children and staff of the school were x-rayed (126), but no further cases of tuberculosis, were found.
5. A play-group was investigated when one of the voluntary child-minders had been found to have pulmonary tuberculosis. 20 children who had been in

contact with her were skin tested, and all the results were negative. The other child-minders had already had recent chest x-rays.

- 6. A private boarding school was visited, after the catering manager had been notified as having pulmonary tuberculosis. The previous month, 41 pupils had been given BCG and there were no positive reactors to the skin test. As a result of the survey a further 16 pupils were skin tested, 10 of whom were negative and given BCG. The remaining 16 positive reactors, 56 other pupils and 56 staff were x-rayed. One pupil, aged 16, was referred to the Chest Clinic, but tuberculosis was not confirmed. All the other x-ray results were satisfactory.

Medical arrangements for long-stay immigrants

Port health authorities notify the department of the arrival of long-stay immigrants who propose settling in the County. Health visitors then attempt to contact the immigrants, and, with the help of leaflets printed in different languages, explain the health services in this country and do their best to get the immigrant to register with a general practitioner. The health visitors also skin test the immigrants to ensure they are not suffering from tuberculosis. BCG vaccination by the district medical officer and x-rays are arranged where necessary.

Tracing the immigrants is difficult and time-consuming owing to their frequent changes of addresses. In fact many of the immigrants who have been screened for infection as described have come into Oxfordshire, not from overseas, but from another authority's area where evidently they have not been traced.

During the course of their visiting, particularly to educational establishments and to the training school at Oxford Airport, health visitors made contact with 47 immigrants who had not been notified to this authority. Arrangements for Heaf testing and x-rays were offered to these immigrants in the normal way and these facilities were accepted.

No cases of tuberculosis were notified amongst immigrants arriving in this area during the year.

During the year a total of 82 immigrants were notified as having arrived in the area of this authority. They came from the following countries:-

Commonwealth Countries

<u>Caribbean</u>	<u>India</u>	<u>Pakistan</u>	<u>Other Asian</u>	<u>African</u>	<u>Other</u>
18	4	5	9	3	6

Non-Commonwealth Countries

<u>European</u>	<u>Other</u>
36	1

Venereal Disease

I am indebted to Dr P. Mallam, for the following report:-

"The figures of the work done in the clinics have been fully set out by the medical social worker. There can be no doubt that the student population forms a larger section of the patients than they did in the past, and that they tend to increase in numbers. We also get a good many patients referred from RAF units, many of whom have taken the risk of, or acquired, an infection outside the United Kingdom. There have been no major changes in treatment routine,

but the combination of sulphonamides with penicillin for acute gonorrhoea, rather than penicillin alone, seems to be the more effective method. We have fortunately not met any penicillin resistant cases.

'There have been a few postgraduate visitors to the clinic, but there is no routine teaching of any kind given to students. The usual lectures to nurses and student midwives have taken place.

'We are very sorry to have to record the death of Dr Walley, who was so gentle and effective in her handling and treatment of female patients. Dr Stephanie James, after carrying on by herself for some weeks, has now got the valuable assistance of Dr Jane Jackson, whose advent we welcome.

'We are sorry to lose Miss Piesse, who has succumbed to the brain drain and gone to the USA but we are lucky, after rather a troublesome hiatus, to have Mrs B.J. Mercer to replace her in a wholly satisfactory fashion.

'The nursing arrangements have been satisfactory, though we are temporarily short of one qualified male nurse. A number of trainee nurses have been under regular instruction, and have proved themselves useful.'

Dr S. James has kindly contributed the following report:-

'During the past year there has been a slight fall in new cases of gonorrhoea, but a rise in the age group 16 - 19. We continue to see a high proportion of cases of trichomonas, vaginalis and monilial infections some of which are seen as contacts of male clinic cases with non-specific urethritis.'

Mrs B.J. Mercer, the medical social worker, has kindly let me have the following report:-

'There has been a slight decrease in the number of new patients attending the clinic in 1967, and the total of new cases of syphilis, gonorrhoea and other conditions treated, numbered 676, compared with 709 in 1966. There has been a 5% decrease in the total attendances of all patients with all conditions from 2343 in 1966 to 2225 in 1967.

'The conditions treated at the clinic show an approximately 25% decrease in the number of new cases of gonorrhoea. However, there has been an approximately 30% increase in the number of new cases of non-gonococcal urethritis.

'The age groups of these patients shows a slight increase in the new cases of gonorrhoea in the age groups 19 and under. This appears to be entirely due to the rise in the number of female cases with this infection in the age group 16 - 17. This increase in turn contrasts with the general decrease in the total number of new cases of gonorrhoea.

'There was only one male treated for primary syphilis, and out of the seven treated for secondary syphilis, only one was in group 18 - 19. However, the total of cases treated for primary and secondary syphilis increased from 5 in 1966 to 8 in 1967.

'As noted in the previous two years, there has continued to be a decrease in the number of West Indian patients attending the clinic, but with a corresponding slight increase in those representing other nationalities.

'There continues to be a steady number of young people, many of whom are students, attending the clinic for various reasons, often with non-specific forms of infection. Most of these young people seem to find it helpful to talk to the medical social worker about their feelings, but a few do seem to have a real difficulty in communicating with anyone who might represent authority to them.

'One of the greatest problems common to those who attend the clinic seems to be a sense of social isolation. This problem has been commented on by previous social workers in past records and, indeed, has been a recurring theme. The problems of loneliness and adjustment to a new way of life seem to be common to students and immigrants alike, but there are also those who are left alone as a result of broken homes and marriages. These people sometimes seek consolation in casual relationships and become infected as a result.

'Possibly due to a failure in sex education and lack of informed publicity, many people who attend the clinic are filled with fears and phobias about venereal disease and its implications. These people often find it helpful to sit and talk over their innermost fears and feelings with a skilled social worker who has some understanding of their problems. Many people are shocked to find that they have any form of venereal disease, believing it to be associated with dirt and promiscuity. Others fear long-term physical effects and are surprised to learn that their condition can usually be treated quickly and effectively. Patients also express surprise that the attitude of all the clinic staff is one of friendly acceptance rather than one of punitive moral disapproval. Often, as a result of these preconceived ideas, patients suffer considerable mental and physical discomfort before plucking up courage to attend the clinic. Perhaps this could be avoided by more widespread and enlightened publicity.

'The systems for following up patients who fail to complete their treatment and for tracing contacts continue to operate. However, these would not function as effectively without the prompt help and co-operation of the specially designated health visitors in Oxford City and Oxford County. We continue to be indebted to them for their help.

'This year there have been many changes of staff on the social work side. Miss Piesse left to go to a post in the United States in August and for a short time the medical social work for the clinic was shared between Miss Turner and Miss Wilson. Mrs Mercer then took over in October.

'The clinic is once more fortunate to have an efficient secretary in Mrs Kelly who took over the work in July 1967. She continues to be responsible for all the statistical work as well as the reception of the patients in the female clinic. Mrs Kelly has shown a considerable maturity of approach to a difficult job which combines the need for a strong sense of responsibility and a "head for figures". '

	1963			1964			1965			1966			1967		
	O	R	T	O	R	T	O	R	T	O	R	T	O	R	T
Syphilis	15	-	15	2	1	3	6	1	7	7	-	7	4	-	4
Gonorrhoea	53	1	54	44	-	44	49	4	53	39	-	39	32	5	37
Other	113	6	119	108	8	116	127	11	138	127	11	138	121	18	139
Total	181	7	188	154	9	163	182	16	198	173	11	184	157	23	180

O = Radcliffe Infirmary, Oxford
R = Royal Berkshire Hospital, Reading
T = Total

The following information is presented for purpose of Section 116 of the Housing in rural areas, to the extent to which overcrowding or other unsatisfactory conditions proposing to take, to remedy these conditions and to provide further housing

General housing data

Applicants for Council houses	...	...	...	...	...
No. cases of known overcrowding	...	...	...	...	...
No. caravans used for housing	...	...	...	...	...
No. of houses within survey reconditioned or improved, informal action by owners					
No. of houses within survey demolished, informal action by owners	...	...	...	...	...
No. of dwellings towards which advances for purchase have been made	...	...	...	...	...
No. of applications approved for Improvement Grants : (a) Standard Grant				...	...
				(b) Discretionary Grant	...
No. of Demolition Orders served	...	...	...	...	...
No. of Demolition Orders outstanding: (a) occupied premises	...	...	...	...	...
				(b) unoccupied premises	...
No. of undertakings accepted to make fit	...	...	...	...	...
No. of undertakings accepted not to use for human habitation	...	...	...	...	...
No. of undertakings outstanding	...	...	...	...	...
No. of houses demolished	...	...	...	...	...
No. of houses made fit	...	...	...	...	...
No. of houses acquired by local authority	...	...	...	...	...
No. of Closing Orders made	...	...	...	...	...
No. of Closing Orders outstanding	...	...	...	...	...

Provision of new rural housing

by local authorities, under construction	...	...	...	...	...
completed 1967	...	...	...	...	...
completed 1. 4. 45 to 31. 12. 67	...	...	...	...	...
by private builders, under construction	...	...	...	...	...
completed 1967	...	...	...	...	...
completed 1. 4. 45 to 31. 12. 67	...	...	...	...	...
by other public sector, under construction	...	...	...	...	...
completed 1967	...	...	...	...	...
Estimated population mid 1967 (000's)	...	...	...	...	...

Rural housing survey

Group 1 - Satisfactory in all respects	...	...	...	...	...
Group 2 - With minor defects	...	...	...	...	...
Group 3 - Requiring repair, structural alterations or improvements	...	...	...	...	...
Group 4 - Unfit for habitation and beyond repair at a reasonable cost	...	...	...	...	...

Following the recommendations of the Hobhouse Third Report on Rural Housing 1944, rural district council, the work of the survey being under the auspices of the Oxford- of the survey. The date of completion, along with the finding of the survey, is shown but in order to maintain uniformity with the original survey post-war housing is excluded.

SANITARY CIRCUMSTANCES

Act 1957, which requires county councils to have constant regard to housing conditions exist and the sufficiency of the steps which the rural district council has taken, or is accommodation.

Banbury		Bullington		Chipping Norton		Henley		Ploughley		Witney		Totals	
												1966	1967
280		711		400		303		264		564		2620	2522
-		-		-		-		-		-		-	-
46		955		29		185		181		407		1920	1803
10		220		11		116		31		271		434	659
1		2		-		-		-		1		14	4
12		-		6		4		14		19		79	55
15		15		34		23		21		33		137	141
16		42		11		18		4		40		123	131
1		6		1		4		14		2		15	28
-		11		-		-		13		2		36	26
-		45		1		5		26		15		89	92
-		4		-		1		-		1		7	6
-		-		2		8		4		2		8	16
-		20		88		20		19		32		212	179
4		20		2		3		3		22		17	54
6		15		12		7		64		17		102	121
-		1		-		-		-		-		6	1
3		6		2		-		2		6		22	19
-		37		6		5		4		93		157	145
18		120		30		55		23		8		635	254
40		266		56		58		39		152		302	611
728		2199		965		814		1456		1616		7167	7778
154		969		213		352		277		313		1408	2778
166		428		105		184		130		350		1667	1363
1622		3962		979		2712		2569		2239		12720	14083
-		2		-		55		-		1005		57	1062
-		55		4		13		1		2		75	75
19. 0		49. 1		17. 9		28. 5		34. 8		31. 5		-	-
*1951	1967	*1953	1967	*1947	1967	*1950	1967	*1949	1967	*1953	1967	* -	1967
609	1392	2702	3319	762	1592	1349	2686	886	2986	1210	2215	7518	14190
688	462	1729	2078	1467	1327	1223	109	1315	409	891	1228	7313	5613
922	800	1780	894	1282	744	855	326	1113	30	2263	631	8215	3425
827	142	534	91	400	32	55	38	453	60	300	374	2569	737
3046	2796	6745	6382	3911	3695	3482	3159	3767	3485	4664	4448	25615	23965

a survey of rural properties to a then rateable value of up to £20 was undertaken by the shire Joint Housing Committee, which, amongst its various duties, ensured uniformity in the columns marked by a * sign. The housing position is brought up to date each year,

Rural Water Supplies and Sewerage Acts, 1944 - 65

For purposes of observation and contribution under the above Acts, 8 proposed schemes of main drainage and 1 scheme for the provision of mains water, estimated in all to cost £892,351, were received from the County district councils and were duly considered and reported upon.

FOOD AND DRUGS

Milk supplies

Pasteurised milk

Five dairies are licensed to pasteurise milk. Three of the dairies employ high temperature short time pasteurisers while in the other two dairies heat-treatment is by holder units. Altogether some 32,600 gallons of milk are pasteurised daily. The dairy premises are visited frequently for inspection under the Milk Regulations and milk sampling.

Sample summary

	Passed	Failed	Void*	Total
Phosphatase test (for effective pasteurisation)	469	3 ⁺	-	472
Methylene blue test (for cleanliness and keeping quality)	454	11	7	472

* samples become void when the atmospheric shade temperature at which they are kept for a period exceeds 70⁰ F.

⁺ of these samples two were from HTST pasteurisation and one from holder pasteurisation.

Retail sale of milk

The County Council is responsible for the licensing of dairies and other premises which offer milk for sale; 194 dealers' pre-packed milk licences are in force.

Pasteurised milk, which includes pasteurised homogenised milk and pasteurised Channel Islands milk, forms the major sale. The sale of sterilised milk is steadily increasing; ultra heat treated milk also is becoming more widely distributed, the sale proving more popular during the summer season.

The only untreated, or raw milk available, is that sold as farm bottled milk; 24 farms offer such a supply. A bottled goats' milk supply is also available. In the County heat-treated milk is available from a total of 16 different sources of supply. This number includes the five pasteurising dairies licensed by the County Council; the remaining supplies are from dairies outside the County.

Altogether, 382 samples of milk were submitted for examination, the results of which can be summarised as follows:

Milk	Samples	Test Applied				
Pasteurised	278	Phosphatase Test		Methylene Blue Test		
		Passed	Failed	Passed	Failed	Void
		278	-	253	16	9
Sterilised	38	Turbidity Test				
		Passed	Failed			
		38	-			
Ultra Heat Treated	11	Colony Count Test				
		Passed	Failed			
		11	-			
Untreated	55			Methylene Blue Test		
				Passed	Failed	Void
				43	11	1
TOTAL	382					

Milk in schools scheme

All County Council schools and children's homes are supplied with pasteurised milk. Details relating to the 72 samples obtained are as follows :-

	Phosphatase Test		Methylene Blue Test			Total
	Passed	Failed	Passed	Failed	Void	
	72	-	63	6	3	72

Cream

Farm produced cream is distributed in the County mainly from two large farms, but one farm applies heat-treatment to the cream. The major sale of cream comes, however, from the larger pasteurising dairies where the cream is heat-treated; such creams are usually described as 'dairy cream' or 'fresh cream' with no mention of heat-treatment. Regulations are awaited which will legalise designations and possibly introduce a bacteriological standard. Although as yet there is no legal bacteriological standard for cream, such samples are judged by a working standard adopted by the Public Health Laboratory Service: namely, a four hour methylene blue test and classification of bacteria isolated by culture, and such additional information that may be given as to whether the cream had been heat-treated or not.

A total of 42 samples of cream were examined and graded as follows :-

Cream Supply	Samples taken	Satisfactory	Unsatisfactory
Farm	17	11	6
Dairy pasteurised	25	15	10
Total	42	26	16

Biological examination of milk

26 samples of untreated milk and 5 samples of cream were submitted for biological examination and all proved negative to brucella abortus and bovine tuberculosis. In addition 216 samples of milk were submitted to the ring (screening) test for brucella, and 3 proved positive. The positive samples were from two dairy herds but follow up biological examinations of the milk were negative.

Specified areas

The County is covered by Specified Area Orders whereby only designated milk may be retailed unless the Ministry of Agriculture, Fisheries and Food grant a Dispensation Order in respect of farm supplies. General supervision of the requirements is maintained.

Under an Order consent to sell farm-bottled milk without the designation, whereby the milk supply comes outside the hygiene requirements of the appropriate regulations covering designated milk, was granted by the Ministry to one rural supply.

Section 2, Food and Drugs Act 1955

153 samples of milk, including goats' milk and separated milk, were obtained from shops, dairies and farms and submitted for analysis; one farm sample was found to be low in solids-not-fat, the rest proved satisfactory.

61 samples of untreated milk and 7 samples of creams were examined for the presence of antibiotics but none was detected.

The Food Standards (Cream) Order, 1951

14 samples of cream were submitted for analysis, and 3 samples of 'double cream' were found to be below the minimum fat requirement for cream so described. Two sources of supply were involved, and cautionary letters were issued to the manufacturers; future samples proved satisfactory.

Foreign matter in milk, dirty milk bottles, etc.

Complaints received from the public relating to the above offences are dealt with either under Section 2 of the Food and Drugs Act 1955, or the Milk and Dairies (General) Regulations 1959.

21 such complaints were received and eight prosecutions were instituted. Fines amounting to £190 were imposed along with £21 2s. 5d. for costs and £49 1s. 0d. advocates' fees. Arising from these complaints the directors of two dairy companies concerned were interviewed by representatives of the Health Committee. At the same time measures were discussed to bring about eradication of dirty milk bottles.

A number of complaints from farmers were also received in respect of rusted churns being delivered to them for collection of milk. The churns came from one dairy and here too the Health Committee were much concerned, particularly as it appeared that under the Milk Regulations a successful legal action against the dairy would in all probability fail. The matter was taken up with the Milk Marketing Board and eventually the unsatisfactory churns were replaced. It would seem desirable that, when the Milk and Dairies (General) Regulations 1959 are next reviewed, the law relating to unsatisfactory churns should be revised so that action can be taken against a dairy supplying a farmer with unclean or otherwise unsatisfactory churns.

Drugs and other specialised sampling

26 informal samples of a wide range of drugs obtained from chemists and hospital dispensaries and 22 medicinal preparations, as sold in shops, were submitted to the County Analyst. I am pleased to report no adverse analyses have been received in any of the 48 samples. In addition, 3 samples of baby foods were submitted for analysis and vitamin content, 1 sample of 'Redimilk' of foreign manufacture, 2 iced drinks for the presence of metals, 8 samples of iodised salt and 4 samples of gripe water for babies. Of the iodised salt, 3 samples were below the permitted range of iodine content, and the matter is under investigation with the manufacturers of the salt. Of the 4 samples of gripe water, 2 samples were found to contain more rectified spirit than indicated on the bottle label, the excess apparently being derived from one of the ingredients. The two manufacturers concerned have agreed to reword the printed formula so that the total amount of spirit and the maximum dosage are clearly stated. This latter information was not given, and it was felt desirable that such guidance should be available to mothers. A request to provide similar information has also been made to a third manufacturer.

The remainder of these special samples taken proved satisfactory.

Under the Pesticide Residue Survey, Oxfordshire is scheduled to take three samples of milk, and of the three samples of untreated milk so taken, all were reported free from organo-chlorine and organo-phosphorus pesticied residues and from metallic contamination.

Examining laboratories

All milk and drug samples, etc., for analysis are submitted to Mr Eric Voelcker, ARCS, FRIC, Public Analyst for Oxfordshire.

Bacteriological and biological samples are examined at the Ministry's Public Health Laboratory, Oxford; Director, Dr J. H. H. Jebb.

SCHOOL HEALTH SERVICE

Special Services Subcommittee of the Education Committee

Mrs B.Ledger, Chairman	Mrs M.H.Hichens, CBE
Mr R.Chard	Mrs P.McDougall
Mr T.B.Cooper	The Very Revd Canon B.McKenna
Mr A.E.Crawford	Mr F.A.Montague, CMG
Mr J.A.Fenemore	Mr E.D.Patching
Mr L.T.Gadge	Miss D.G.Thomson

Staff of School Medical Service 1967

Principal School Medical Officer	Dr M.J.Pleydell, MC, MD, DPH
Deputy Principal School Medical Officer	Dr H.H.John, MB, BCh, DPH, DCH, DRCOG

General practitioners who act as School Medical Officers:

Dr M.R.Aldous	Dr R.G.Eager	Dr W.A.Lloyd
Dr R.G.P.Almond	Dr W.R.Edwards	Dr H.F.McCabe
Dr A.Sharman Beer	Dr J.A.Forbes	Dr A.P.Millar
Dr G.D.Bolsover	Dr J.B.Gleeson	Dr J.F.Monk
Dr M.J.Brown	Dr D.C.Harris	Dr M.B.Noble
Dr J.W.Bullen	Dr E.Herrin	Dr J.M.Nowakowski
Dr F.J.S.Chapman	Dr N.J.P.Hewlings	Dr P.M.M.Pritchard
Dr T.Cocks	Dr I.E.Hughes	Dr B.L.E.C.Reedy
Dr A.D.Cole	Dr D.A.Hyslop	Dr J.Simpson
Dr Anne Davies	Dr R.Landray	Dr C.W.Stringfellow
Dr W.Dickson	Dr C.J.Leonard	Dr T.D.Thorne
		Dr K.A.Tomlinson

Superintendent of School Nurses	Miss E.Richards, SRN, SCM, MTD, HVCert, QNS
Deputy Superintendent of School Nurses	Miss C.E.Henry, SRN, SCM, MTS, HVCert
School nurses/health visitors	Forty -three
Educational psychologists	Mrs G.Bourne (part-time) Mr D.Gibbons, BA, DCP Mrs M.F.Scott-Blair, MA (Oxon), BA (part-time)
Speech therapists	Miss J.Allan, LCST Miss J.Ash, LCST (resigned 31.12.67) Miss J.Foot, LCST (resigned 30.9.67) Mrs A.Hull, LCST (part-time) Mrs P.Souch, LCST (part-time)
Physiotherapists	Miss M.J.Munns, MCSP Miss M.J.Bouch, MCSP (part-time) Miss M.Dunford, MCSP (part-time) Miss C.Tudor Evans, MCSP (part-time)

THE HEALTH OF SCHOOL CHILDREN IN OXFORDSHIRE

Infectious diseases

There were no serious epidemics during the year, but a minor outbreak of food-poisoning was reported from one infants' school in the summer. Eighty of the 113 children who stayed for school meals were taken ill with diarrhoea but not sickness. The teachers who ate the meal were similarly affected, as were the kitchen and advisory staff with the exception of one person who did not eat the meal. The illness lasted for about three to four hours but the great majority of children returned to school the next day. None of the school meal was available for bacteriological examination so the cause of the illness could not be proved with certainty, but an organism, *clostridium welchi*, was recovered from three teachers and four children and it appears almost certain that this was the responsible factor.

The school meal included hearts served cold which had been stuffed and cooked the day before and had been allowed to cool slowly, covered by a cloth. As a result of this outbreak advice was given on the desirability that food should be eaten as soon as it is cooked; measures were taken to ensure that samples of school meals should be kept in refrigerators for 24 hours following the preparation of school meals; and investigations were undertaken to ensure proper cleanliness of vans delivering meat to the school and the clothing of the drivers of the vehicles.

In two schools headmasters asked for advice concerning children suffering from the troublesome condition of verrucas, or plantar warts. This is not an easy condition to treat and there is still much to be learned about its natural history. The condition is generally found among children of secondary school age and nearly twice as many girls as boys are affected in this age-group. Where the infection presents a problem, arrangements are made for the school nurse to make foot inspections each term, and staff are also advised to examine their feet. Children with warts are advised to attend their doctor for treatment, excluded from swimming and showers and taking part in barefoot activities, until the condition is cured. Towels, socks, and shoes should never be shared. The County Health Inspector visits the school to advise regarding daily disinfection of floors, showers and halls in which gymnastics and games are carried out.

School medical inspections

The reports from school medical officers continue to emphasise that obesity is an increasing problem among children today, some of whom actually have to be admitted to hospital for treatment. Doctors and teachers are well aware of this; but parents still do not seem to understand the extent of the psychological harm which results from the ridicule of school fellows, or of the physical, respiratory and postural ill-effects which result from allowing children to eat too much, particularly foodstuffs containing a lot of carbohydrate. School staffs are already providing help in arranging special diets for fat children; but if this abnormality in school children continues to increase, then more intensive measures of health education will have to be undertaken at child welfare centres with parents of pre-school children.

Members will be aware of the survey carried out by the Ministry of Pensions and the National Assistance Board in June and July 1966 which showed that 7 per cent of families with two or more children were drawing national assistance or had incomes below national assistance level. Following the replacement of national assistance by the scheme of higher supplementary benefits in November 1966, this percentage was estimated to be considerably higher. In this context it is perhaps surprising that only at Berinsfield is attention drawn specifically to this problem. 'Many children whose parents are receiving supplementary benefits are very inadequately shod' the doctor writes. 'The school welfare officer has been making

provision for some of these cases, but it would seem that the fund is inadequate to meet the need.'

It is gratifying to report that many doctors draw attention to the good results achieved by the school physiotherapists in children referred to them for postural and allied disorders, and that frequent mention is made of the help and co-operation given by teachers and school nurses.

Apart from obesity and postural defects the school medical officers refer repeatedly to the excellent health of school children today. Mention is made of overcrowding in several schools which makes it increasingly difficult to carry out medical examinations satisfactorily, and in some schools it is evident that sanitary facilities could be improved. It is appreciated, however, that in the present economic climate, and with the rapid increase in school population, it is difficult to achieve or maintain the standards which are desirable.

Several doctors refer to the improvements in dental health that have taken place over recent years. This must be considered a tribute to the committee, and to Mr T. Lucas and his predecessor, for the health education measures, and the policy changes in providing mobile clinics where treatment can be undertaken even in the most rural areas; and in the planning of first-class static clinics to which children with caries can be referred for treatment by a dental surgeon or dental auxiliary.

Selective medical inspections

Selective medical inspections are now carried out in about one half of the schools in the County, and are undertaken in the following areas:

Banbury, Bicester, Chipping Norton, Eynsham, Henley, Watlington, Wheatley.

Educationally subnormal children

There is a shortage of special day classes in ordinary and special schools for these children, particularly in the Banbury and Bicester areas. This lack of provision sometimes leads to behaviour problems, sexual problems, emotional disturbances and school phobias in children who have been assessed as educationally subnormal, but for whom no suitable education is available for their limited ability. In the last month there have been two children who have been taken into care with behaviour problems, one who refused to attend school and another who had sexual problems; this action might not have been necessary had suitable education been available. Not only is specialised teaching required, but there is also the need for social training, which is usually provided by the teachers in schools and classes for the educationally subnormal to equip the children for the problems of everyday life. It is hoped that special provision will be available in the Banbury area in September 1969.

Considerable trouble is taken by the youth employment officer, educational psychologists, headmasters and the School Health Department to find suitable employment for these children when they leave school to suit their abilities and interests.

Physically handicapped children

Visits to the homes and schools of handicapped children have continued during the year as problems arose. Requests for visits come from many sources: hospital consultants, general practitioners, health visitors and speech therapists. Further requests are made by the headteachers and school social workers via the Education Department. Sometimes requests are received direct from the parents themselves.

Visits are made before the child enters school to assess his or her needs so that

specialist advice can be sought. The less severely handicapped children are often able to attend their local primary schools. Unfortunately, due to the geographical nature of the County and lack of facilities available, the severely handicapped children often have to go away from home at an early age to a special school in another county. We are fortunate, however, in being able to place some of the children in Penhurst, the National Children's Home at Chipping Norton. It is sometimes very difficult to place a severely handicapped child who cannot, for one reason or another, go away from home. The local primary school is usually very full and the prospect of a child in a wheelchair, for example, being added to a class of 40 children is often too much for the infant teacher to cope with. In any case, many schools have too many steps etc. to take a child in a wheelchair.

The transfer from primary to secondary school for the physically handicapped child also has to be carefully considered, and here again the specialist concerned is always consulted for his advice.

Children handicapped by hearing loss

Towards the end of the year the Committee agreed to the provision of a peripatetic teacher for partially deaf children attending County schools. The need for such an appointment would have arisen earlier, had it not been for the facilities available at the partially deaf units in Oxford City and Reading, and the very conscientious social and remedial help which has always been provided by the staff of the hospitals concerned. In fact, some of the remedial teaching in schools has hitherto been provided by the hospital staff, but it is clear that, with the demand rising from increased numbers, there is need for a full-time teacher to serve north and central Oxfordshire, and a part-time teacher for the south of the County. With present-day electronic developments, hearing aids are provided in the first few months of infancy so that a handicapped baby can receive the benefits of amplified sound, learn to accept the aid in the pram as part of himself and, as he grows up, continue to wear it readily. The parents need instruction in the development of speech and language, how to train their handicapped children to listen and look, and how to teach communication in everyday situations. It is invidious to try to draw a distinction between where child welfare services end and education services begin. It is thought, however, that seven or eight children are born each year in the County with speech and language impairment, resulting from hearing loss, which require special treatment. The importance of supervision in the school is illustrated by the fact that a child with a ten-decibel hearing loss can make satisfactory educational progress if sitting in the front of the class, but needs a hearing aid if he sits at the back of the class.

Following a survey undertaken by the health visitor/school nurses, the present position regarding children handicapped by partial deafness can be summarised as follows:

- (a) There are 61 children with mild hearing loss where a child should sit in the front of the class on the window side of the teacher. With the frequent changes in school staff and nurses it is not easy to maintain adequate supervision.
- (b) There are 115 children with hearing aids issued by the hospitals. Unfortunately defects may easily develop in the sets which may not be ascertained unless there is regular supervision.
- (c) There are 25 children receiving special treatment at home and in school from the teacher of the deaf at the Radcliffe Infirmary.
- (d) Ten County children attend the four partially deaf units in Oxford City, and one child attends the partially deaf unit in Reading. In some cases it has been possible to transfer children from the units back to ordinary County schools.
- (e) Thirteen children are attending residential schools because their hearing loss

is too great to allow them to attend the partially deaf units or for geographical or domestic reasons.

In all, there are 224 children requiring special educational treatment of one form or another on account of hearing loss.

Children with defects of vision

Children have their vision tested at infant welfare clinics and, where abnormality is suspected, they are referred to an ophthalmic clinic. At school the policy is to carry out annual vision testing, but where there are staff shortages or frequent changes in the school population it is not always possible to maintain this objective.

Communications

In order to improve communications between the school health service, school teaching staff, and youth employment officers a series of meetings was held during the year. As a result of these meetings it was agreed to introduce a supplementary medical record card which would be available to all professional workers and which would contain details of any condition likely to concern teaching staff. Significant information would be added to the card by teachers, welfare officers, and school nurses. The supplementary records will be made generally available, and it is hoped that, by reviewing the cards at time of transfer from primary to secondary school or between schools, head teachers and school staff will be kept fully informed on the medical condition of pupils. Similarly, by undertaking reviews in the penultimate year at school, youth employment officers should be given every assistance where a medical condition may act as contra-indication to some particular form of employment.

Health education

As mentioned in last year's report, it was agreed that the subject of drug dependency should be dealt with in schools as one facet of the much larger subject of personal relationships, which is an essential part of health education in schools. As a result of a meeting with head teachers of secondary schools, it appeared that drug dependency did not present a problem in County schools. Nevertheless, arrangements were made for three meetings to be held in the County which were attended by representatives from neighbouring schools, the police, health visitors, school nurses, school social workers, the Children's Department, and probation officers. The meetings were held at Banbury, Kidlington, and Berinsfield, and resulted in useful advice and exchanges of information.

Health education in schools is gradually expanding. Miss Gange had 69 teaching sessions for mothercraft and human relations in eight secondary modern schools, and eight sessions in three primary schools on 'Growing Up'. Five other health visitors held 39 teaching sessions in their schools. A considerable amount of discussion has taken place with members of the Education Department's staff, and advice was given on health education and visual aid material. Talks and discussions have taken place with parents in five parent teachers' associations in conjunction with members of the Education Department and the police on such subjects as 'Problems of Adolescence' and 'Drugs'. Parents, on the whole, are grateful for the work done in schools and request that factual information on relationships, drugs, VD, etc., be given to their children.

An intensive smoking and health campaign among the 9-11-year-old children was held for three weeks in June. The film 'The Smoking Machine' was shown in fifty primary schools, and judging by the questions asked there was much interest. Posters and leaflets were also made available. The film 'Cigarettes and You' was shown in three secondary schools at the request of head teachers. This film was borrowed twice for use in youth clubs.

The handicapped school leaver

Efforts continue to be made to plan well ahead for the physically handicapped school leavers. The co-operation of the Education Department in sponsoring short residential assessment courses at a suitable centre for the more severely handicapped, before they leave school, is of great assistance in deciding the next step. One of the difficulties is to judge the physical and mental capabilities of these young people in a work situation, and such assessments are a most useful guide in determining suitability for further education, a particular vocational training, or admission to an industrial training unit. The courses are in themselves an educative and enjoyable experience for the boys and girls.

DENTAL REPORT

Principal School Dental Officer &
Chief Dental Officer

Mr T.Lucas, LDS, RCS

Area Dental Officers

Mr R.L.Davies, LDS, RCS

Mr J.A.Theakston, LDS, VU(Manc)

Senior Dental Officer

Mr R.L.Batty, LDS, RCS

County Dental Officers

Mr H.L.Davies, LDS, RCS

(retired 30.9.67)

Mr J.R.Fortescue, LDS, RCS

Mrs J.Higgs, LDS, RCS

Mr J.A.Hoyle, BDS, LDS, RCS

Mr G.Ogilvy, LDS, RCS

Miss R.P.Salt, BDS

(appointed 2.10.67)

Dental Auxiliary

Mrs J.E.Harris

(appointed 18.9.67)

Miss E.A.Key

(resigned 1.9.67)

Dental Hygienist

Mrs C.A.Bradford

(resigned 1.9.67)

Mrs S.Jackson-Stevens

(appointed 2.10.67)

Dental Surgery Assistants

Mrs M.E.Adams

Mrs J.V.Burnett

(appointed 25.9.67)

Mrs J.M.Capel Smith

Miss B.Church

(resigned 10.3.67)

Mrs V.A.Coxeter

Mrs G.Crapper

(appointed 25.9.67)

Mrs L.I.Davies

(retired 30.9.67)

Mrs K.M.Lamb

(resigned 21.7.67)

Mrs H.F.Ledlie

(appointed 3.4.67, resigned 27.9.67)

Mrs A.Morris

(appointed 25.9.67)

Mrs G.R.Pickering

Mrs K.M.Shepherd

Mrs J.Syson

(appointed 28.9.67)

Mrs E.L.Tombs

(resigned 1.9.67)

Mr T. Lucas, Principal School Dental Officer, reports as follows:

'It is my pleasure to present my fourth report as your Principal School Dental Officer. Apart from several weeks lost through illness we managed to maintain a full staff during 1967. Mr W.J. Cook decided in January to give up the part-time work that he had been providing for the County since his retirement and this ended forty-four years of honest endeavours for the School Dental Service and Oxfordshire. Mr H.L. Davies decided to retire in September. Both of these gentlemen had been assisted by their wives working as their dental nurses and we wish them all a full and happy retirement. We appointed Miss Roseanne P. Salt, BDS, to Mobile Clinic no. 1 in the Bullington area and there are indications that an embarrassingly large number of children will be seeking her services.

'Dental decay is a preventable disease which thrives among neglect, bad eating habits and unfluoridated water, so I make no apologies for having held a large dental health campaign in March. I received wholehearted enthusiasm and co-operation from Mr D. Lewis, the Health Education Adviser for Oxford City, and from Mr T.R. Hardy, the Secretary of the Local Pharmaceutical Society, who arranged for all the City and County chemists to devote window displays to dental health education. Various shades of enthusiasm, degenerating to downright apathy, were encountered from other sources too numerous to mention. The success of this sort of campaign depends entirely on the size of its impact, and after going cap in hand to every conceivable organisation, to persuade them to take part, I have every sympathy with the door to door salesman'. Eventually, we distributed 23,000 letters to parents of juniors and infants, gave talks and showed films in over seventy schools, arranged an exhibition and mock surgery at the Carfax Information Centre and had various exhibitions at schools and libraries, lectures and many other activities, together with the general background of the chemists' window displays. The success of these campaigns is difficult to estimate, but I am sure that a very large number of people are better informed about dental health and have elevated it to a higher position in their order of priorities, as a result of the campaign. The long-term effect depends on the routine follow-up work done in our schools by the teachers and our visiting dental hygienist, and in our clinics by the health visitors.

'The annual treatment return for 1967 shows that we inspected (30,011) and treated (7910) more children than any other year, but it is virtually impossible to keep pace with the rapidly increasing school population. Every child that we see has to be treated thoroughly, there is no way of diluting this treatment to suit the existing financial crisis and so every extra child coming into our care inevitably delays our annual progression to each school. Very many rural schools had their first ever visit from a mobile dental clinic in 1967, and because we are offering a more efficient service we are finding more parents are seeking our aid, which again slows down progress from school to school. Unless children can be seen at least once a year and preferably twice in selected cases, much of one's work is rendered valueless by the passage of time.

'Against this background of a rising school population and more parents accepting treatment, the establishment of a standstill budget for 1968/9 made a very depressing end to 1967. I had already pointed out that in many areas of the County there were large population groups to whom we were unable to offer an adequate service and a clinic at Littlemore would have solved many problems. There will be no banner waving protest marches because of this inadequate service, just a lot of children with untreated dental decay growing into dental cripples for the rest of their lives. It will be left to just a small number of far-seeing people to campaign for a raising of dental standards. The fact that we are not lacking in these people was recently brought home to me very forcibly by a World Health Organisation report on the dental services in other countries. No other country has a service for children comparable to the National Health Service and the local authority dental

service, and in very many countries the standard is abysmally low. We have good reason to be very proud of this country's achievement in this field and I do not think we need be ashamed of Oxfordshire's contribution in 1967. We have established a good liaison with our Local Dental Committee and once again the very large numbers of children receiving treatment from the General Dental Services has helped to reduce our case load. The inspection and treatment of an ever-increasing number of children has inevitably led us to seek the co-operation of all the head teachers in the County and I am very grateful for the enthusiasm and assistance that has been freely given in the vast majority of our schools.'

DENTAL STATISTICS

Attendances and treatment

	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
First visit	4485	3032	393	7910
Subsequent visits	4662	4124	756	9542
Total visits	9147	7156	1149	17452
Additional courses of treatment commenced	299	215	50	564
Fillings in permanent teeth	4332	7670	1406	13408
Fillings in deciduous teeth	6489	593	-	7082
Permanent teeth filled	3339	6464	1237	11040
Deciduous teeth filled	5738	554	-	6292
Permanent teeth extracted	275	944	110	1329
Deciduous teeth extracted	3627	808	-	4435
General anaesthetics	739	165	2	906
Emergencies	270	134	29	433

Number of pupils X-rayed	282
Prophylaxis	1905
Teeth otherwise conserved	2343
Number of teeth root filled	22
Inlays	-
Crowns	2
Courses of treatment completed	7257

Orthodontics

Cases remaining from previous year	29
New cases commenced during year	33
Cases completed during year	20
Cases discontinued during year	4
Number of removable appliances fitted	42
Number of fixed appliances fitted	-
Pupils referred to hospital consultant	12

Prosthetics

	5 to 9	10 to 14	15 & over	Total
Pupils supplied with FU or FL (first time)	-	-	-	-
Pupils supplied with other dentures (first time)	-	10	7	17
Number of dentures supplied	-	14	9	23

Anaesthetics

General anaesthetics administered by dental officers	2
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Inspections

(a) First inspection at school. Number of pupils	27770
(b) First inspection at clinic. Number of pupils	2241
Number of (a) +(b) found to require treatment	17599
Number of (a) +(b) offered treatment	13883
(c) Pupils re-inspected at school or clinic	1633
Number of (c) found to require treatment	918

Sessions

Sessions devoted to treatment	3023
Sessions devoted to inspection	293
Sessions devoted to dental health education	415

AUDIOMETRY

It was unfortunate that the audiometry service was interrupted during the early part of the year owing to the prolonged absence of the audiometrician on sick leave. As a result it was not possible to visit as many schools as in previous years. However, all the urban areas were covered with the exception of one school in Banbury. In addition, all the larger schools in the rural areas, as well as those on the boundaries of Oxford, were visited for the routine examination of the six-year-old children. By following this procedure, it was possible to see the maximum number of children without too much time being spent in travelling. It is hoped that during 1968 it will be found possible to include the children who will be seven years old who did not have a hearing test in their sixth year.

Any child who was admitted to Woodeaton Manor School during the year received a hearing test, as did the new entrants to the educationally subnormal classes throughout the County. From a total of 83 children in this category, seven (11.9%) were referred to the general practitioners.

The specialist sources continued to make good use of the service, particularly the school medical officers. Other children with problems were referred by the educational psychologists, speech therapists, health visitors and head teachers. A total of 173 children of all ages were referred from these sources. It is regretted that it was possible to test only 150 of these children before the end of the year, and from this number 39 (26%) were referred to the general practitioners.

A total number of 62 primary schools were visited and 3136 six-year-old children received hearing tests. After a suitable interval, follow-up tests were carried out on all the children who failed the initial test. Finally, 113 (3.6%) of these children were referred to their general practitioners and 64 were kept under observation by the audiometrician.

The total number of children examined from all categories was 3369 and from this number 159 (4.7%) were referred for further investigation.

Statistical table for the past five years

Year	Routine visits to schools	Number of children seen	Specialist referrals	Total tested
1963	157	3660	96	3756
1964	129	2823	148	2971
1965	114	3258	158	3414
1966	138	3589	186	3775
1967	62	3219	159	3369

SPEECH THERAPY

For most of 1967 the Speech Therapy Department, with an approved establishment of four full-time therapists, worked with the full complement of staff. Three therapists worked full-time and two part-time doing three sessions a week each. One of the full-time therapists left at the end of September, and the senior therapist, Miss Ash, left at the end of the year, after six years service with the department; this leaves the department only half staffed. The Christmas season and the ensuing weeks is an unfavourable time for the recruitment of staff, but it is hoped that the situation will soon be remedied.

Most of the work of the speech therapists has been carried out as in previous years in the homes and schools of the children concerned. However, in February each of the full-time therapists began to use a clinic in her area of the County on one day of the week. In the northwest of the County the Witney Health Centre was used, in the northeast the Bicester health clinic was used, and in the south the clinic at Henley. This has proved extremely satisfactory. The contact it provides with health visitors, doctors, child guidance staff, dental staff and workers in other allied fields who also use these clinics has been greatly appreciated on both sides. The problem of finding a quiet space in which to treat a child without interruptions in a busy school is ever increasing; use of the clinics solves this problem with the children in the towns concerned. Response to appointments has been very good. As the clinics are only used for one day a week, this still allows for school visits to be done in order to discuss the children with their teachers. Furthermore, the clinics form a 'base' for each area where it is known that the speech therapist can be contacted on a particular day. This is extremely valuable as the difficulty of contacting an itinerant therapist has at times presented a problem.

In February the full-time therapists attended a day conference at Bristol on 'Prenatal and perinatal factors which affect the future development of speech and language in children'. In April they attended a conference sponsored by the Association for Special Education on the 'Education of handicapped children'. In April a talk on the speech therapy services, to which all primary school teachers in the area were invited, was held at the Training Centre in Banbury. There was a very good response to the invitation and the talk led to discussion which was of value to both sides.

Speech therapy statistics for 1967

Children who received treatment during 1967	795
Admissions	267
Discharges	239
Number of schools visited	159

FAMILY AND CHILD GUIDANCE CLINIC

Dr R.Shackleton, the medical director of the Child Guidance Service, reports as follows:

'We have had several additions to the clinic team in the past year which have enabled us to run a more comprehensive and satisfactory service in all areas of the County except the Thame area. Mrs Bourne has joined the team as a full-time educational psychologist working in the Banbury area and Miss Hamersley as a full-time psychiatric social worker for the south of the County. This means that we are able to hold more regular clinics in all areas.

'The office staff has been correspondingly increased by a senior secretary, Miss Young. Apart from the regular diagnostic and treatment sessions at the clinics, we are continuing to spend a considerable time in the important field of discussion and liaison with other medical and social services, and hope in the coming year to provide a psychological and psychiatric assessment service for the children received into care by the Oxfordshire Childrens Department.

Clinics are held at:

10 Worcester Street, Oxford	Monday all day Wednesday half day
The School Clinic, Old Palace Yard, Bicester	Alternate Tuesday mornings
The School Clinic, The Health Centre, Welch Way, Witney	Alternate Tuesday afternoons
The Health Centre, York Road, Henley	Alternate Tuesdays all day
The Chestnuts, next to the War Memorial Hospital, Chipping Norton	Alternate Thursday mornings
The School Clinic, People's Park, Warwick Road, Banbury	Alternate Thursdays all day Half day in each fortnight

Number of new referrals	194
Number of new referrals seen	170
Number of cases under treatment	434
Number of cases closed	177
Number of court cases seen by psychiatrist	34
Number of children placed in residential schools and hostels	33
Number of sessions spent in liaison with other agencies	76

SCHOOL PSYCHOLOGICAL SERVICE

Mr D.J.Gibbons, senior educational psychologist, reports as follows:

'There has been a phenomenal increase in the number of children referred to the service by head teachers during the past year. While, in 1966, a total number of 264 children were referred by head teachers, the number of children referred from the same source in 1967 was 416, an increase of 57% on the figures for 1966. These numbers represent those children referred by head teachers and actually interviewed by the psychologists.

'Among the probable reasons for this increase are: the growing confidence of head teachers in the advice on individual cases offered by the psychologists, and the increasing numbers of children who present as problems, of various kinds, to their teachers. For example, Oxfordshire has in its schools an increasing number of children who belong to Service families. Most of these children have had many changes of school at the primary stage as their fathers moved the family from post to post. It is not uncommon to find that the children have attended schools in Cyprus, Singapore, Hong Kong, Aden and so on. Many of them have traumatic memories of violence and danger of their period spent in some of these places. Many more present as educational problems because of the many changes of school they have experienced. There are doubtless other and perhaps more subtle reasons for the increase in the numbers of children being referred.

There has been an increase of 7% over the figure for 1966 in the total number of children seen from all sources of referral (see table 3).

The School Psychological Service has been able to cope with the increasing number of referrals because it has been relieved of the obligation to see children on remand at the two remand homes in the County, since the Childrens Department now employs a psychologist to do this work. Another factor was the very welcome appointment of an additional, well qualified and experienced psychologist, Mrs G. Bourne, who commenced work in the County at the beginning of June. It is hoped that Mrs Bourne will enjoy working with us and will continue to make her important and valued contribution to the service.

The serious lack of school places for ESN (mentally handicapped) children in the County is continually demonstrated by the number of children who are referred from secondary schools as problems of various kinds. Upon investigation, many of these children are found to be ESN and are 'floundering' in school, in spite of many sincere efforts to help them; they are unable to meet the social and educational demands made upon them. They often react by behaving in an anti-social, near delinquent, manner. It is hoped that properly recognised and adequately staffed 'special units' will be available, especially at the secondary level, for all these children, who comprise roughly 1.5% of the total school population. ESN children, those with intelligence quotients of less than IQ 75, present as educational problems and can only be adequately dealt with in small classes, as recommended by the Education Act of 1944, by teachers who have been specially trained for such work and are temperamentally suited for dealing with these children. No disrespect, or criticism, is implied here to those teachers who are attempting to deal with the various problems presented by ESN children in the normal classroom. They are doing a magnificent job under often very difficult conditions. They should be given more help than they are currently receiving.

Because of the increasing difficulty of placing children of secondary school age who are classified by the psychiatrist as being 'maladjusted' in appropriate residential schools, and too, because of the very high and increasing cost of maintaining these children in their schools, usually privately owned, the provision of a hostel on the lines of Bodicote Lawn for primary children, would be a very welcome addition

to the services available for the handicapped. Such a hostel, providing for up to fifteen places for senior boys, would probably represent a financial saving for the County, since it now costs between £600-£700 a year to maintain each child placed in a residential school for maladjusted children. Currently, almost thirty children are attending private schools for maladjusted pupils. It is important that a hostel for senior pupils should have a number of secondary schools within easy reach, in order to avoid the overloading of any one secondary school with difficult children, and the ideal site, in my opinion, for such a hostel would be the Holton ex-army hospital, already owned by the local authority. The provision of this hostel would ensure some degree of independence in placing children in need. Sometimes a child has to wait months before a place can be found for him in a private school, and a hostel would be a financial saving and would greatly improve the services available.

A number of lectures and talks describing the work of the psychologists and the School Psychological Service, and on various educational topics, were given during the past year to PTAs, groups of head teachers and teachers, to students at the Oxford University Institute of Education, youth employment officers and so on.

In furtherance of the County policy of greater and closer co-operation between statutory bodies dealing with children and families, the senior educational psychologist attended more than eighty meetings and case conferences with various agencies and groups. A total of 230 school and home visits were made during the year by the three psychologists (two full time and one part time) and the number of children on the waiting list to be seen on 31st December was 84.'

Table I - Children referred by source and reason for referral

Source of referral	Assessment	Behaviour disorder	Habit disorder	Educational & vocational guidance	TOTALS
Head teachers	352	30	6	28	416
Psychiatrists	40	18	6	4	68
SMO/GPs	43	9	3	3	58
Childrens Officer	26	-	-	-	26
Director of Education	5	-	1	-	6
Parents	21	2	-	2	25
Others	6	1	-	-	7
TOTALS	493	60	16	37	606

Table II - Source of referral by sex and school

	Pre-school & primary	Secondary	TOTALS
Boys	323	92	415
Girls	136	55	191
TOTALS	459	147	606

Table III - Increases in number of children seen over figures for 1966

1966	Total number of referrals from schools	264
1967	Total number of referrals from schools	416
	Increase	57%
1966	Total number of referrals (except courts)	449
1967	Total number of referrals (no court referrals)	606
	Increase	33%
1966	Total number of referrals (all sources)	563
1967	Total number of referrals (all sources)	606
	Increase	7%

Enuresis (bed wetting)

The figures for 1967 show the increasing demand for this mode of treatment, which is under close supervision by the health visitors .

	1966	1967
Requests for machines from family doctors and Child Guidance Clinic	89	97
Children on treatment on 1st January	28	31
Children commencing treatment in year	59	80
TOTAL	87	111
Treatments ending successfully in year	41	62
Treatments ending unsuccessfully in year	12	13
Removals from district	3	
Children still on treatment on 31st December	31	36
TOTAL	87	111

In spite of the greater number of treatments, the waiting list also increased; an unusual number of applications from children over ten years old, for treatment for the first time, probably reflected greater confidence in enuresis alarm therapy .

PHYSIOTHERAPY

Miss M.J.Munns, the Senior County Physiotherapist, reports as follows:

'The steady rise in numbers of children being treated by the Schools Physiotherapy Department in recent years has now culminated in the record figure of 2085. The highest total for a single term was 1705, which was reached in the summer term this year. The problems raised by these increases have been discussed with the Director and the Deputy Director of Education, both of whom were sympathetic to an increase in staffing to cope with the extra numbers.

'At a meeting with the Medical Officer of Health and his assistants, the situation was also discussed and they felt that if it was absolutely necessary to have priorities, then children who needed breathing exercises must be given first consideration. They also expressed the hope that work with the more heavily handicapped children would not have to be curtailed. The importance of starting treatment at a very early age with these children was again emphasized.

'Some of the heavily handicapped children being treated by the school physiotherapists have been taking advantage of the opportunities offered by Westminster College, Oxford, in their swimming club for the disabled, which has been held fortnightly on Sunday mornings. The advantages of the club are that the temperature of the water is raised to 80 degrees and only the handicapped, their families and official helpers are allowed to attend. Miss Munns is now one of the helpers.

'The physiotherapists had the pleasure of taking an official visitor to some of their clinics. Miss Irving Fortesque was studying various aspects of the education service in Oxfordshire and seemed very interested in the department's work.

'Talks on "Shoes and care of the feet" have been given at Wheatley School to some fourth-year pupils, and to some mothers of young children at a clinic in Steeple Aston. The lecturer from Clarks Shoe Manufacturing Company continued to give her excellent talk on the same subject to a number of secondary schools and show a film strip in illustration. A short talk about the physiotherapy service in Oxfordshire was given at a Parent-Teachers Association meeting at Longfields School, Bicester, as part of a forum held to make parents aware of the ancillary services provided by the County Education Committee, and the usual lecture about the service was given to the student health visitors training at the Oxford College of Technology.

'There have been various lectures and a seminar attended by the physiotherapists. Dr Nichols lectured about the Mary Marlborough Lodge at the Nuffield Orthopaedic Centre; a four-day seminar on the treatment of spastic children was held in January, with Dr and Mrs Bobath as principal lecturers; and there were also two lectures given at the Annual Congress of the Chartered Society of Physiotherapy in London.

'The physiotherapists have retained their close links with the health visitors, and when possible they have attended school medical inspections. The resulting co-operation between doctor, health visitor, parent and physiotherapist have proved beneficial to the children concerned. Miss Munns was fortunate to have the opportunity of meeting Dr Hugh Ellis, the paediatrician, at the Radcliffe Infirmary and discussing with him some of her more heavily handicapped patients.

'It has been the continuing policy of the physiotherapists to visit childrens homes when the need has arisen. This has proved desirable, for instance when asthmatics have had long absences from school, and in spite of their very heavy programmes of work, they have tried to keep a liaison not only with parents, but all the people who can help the children in their care.

Total number of children treated	2085
Posture defects	342
Defects of feet and knees	1536
Respiratory conditions	180
More serious handicaps	27
Parents attending clinics	501
Numbers refusing treatment	5
Withdrawn from treatment	0
Discharges	353 '

SCHOOL SWIMMING BATHS

The number of baths rises steadily each year and there are now forty swimming baths attached to schools. Routine bacteriological sampling of the bath water is carried out during the swimming season together with chemical testing of the water at the swimming bath for determination of available chlorine. The results show the baths to be well managed, and praise for this must go to the teaching staff, and often the school caretakers, for their daily efforts.

During the year provision of filter equipment and automatic chlorinators was made at those baths which were the earliest to be provided and operated on the 'fill and empty' system. Also during the year the policy of using break-point chlorination was applied to more baths; for the 1968 season it is hoped that all swimming baths will use this method of chlorination.

STATISTICS

Return of medical examinations for the year ended 31st December 1967
(including Banbury Borough)

ROUTINE MEDICAL EXAMINATIONS

Number of Code Group Examinations	1966	1967
Entrants	4382	4405
Second age group	1246	1012
Third age group	1590	1338
Total	7218	6755
Number of other periodic examinations	81	98
Grand total	7299	6853

OTHER EXAMINATIONS

Number of special examinations	1492	1399
Number of re-examinations	1641	1566
Total	3133	2965

A - Return of defects found by medical examination in the year ended 31 Dec.1967

(1) <u>Defect or disease</u>	(2) <u>Periodic examinations</u>	(3) <u>Number</u>	(4) <u>Special examinations</u>	(5) <u>Number</u>
	Number requiring treatment	Number requiring to be kept under observation but not requiring treatment	Number requiring treatment	Number requiring to be kept under observation but not requiring treatment
Skin	22	36	5	4
Eyes - Vision	260	223	43	41
Squint	41	37	4	1
Other conditions	34	33	7	9
Ears - Defective hearing	48	48	7	5
Otitis media	11	9	3	3
Other ear diseases	18	21	5	2
Nose and throat	113	141	19	12
Speech	43	53	5	5
Lymphatic glands	6	43	-	1
Heart and circulation	14	36	2	2
Lungs	19	50	3	2
Developmental - Hernia	5	12	-	1
Other	17	50	4	5
Orthopaedic - Posture	62	93	9	5
Flat foot	64	89	5	2
Other	19	67	4	1
Nervous system -Epilepsy	4	11	-	1
Other	8	27	4	2
Psychological - Development	13	41	1	2
Stability	5	48	1	1
Abdomen	12	19	3	4
Other	31	60	8	17

B - Classification of the nutrition of children examined during the year in the routine age groups

<u>Age groups</u>	Number of children inspected	<u>Satisfactory</u>		<u>Unsatisfactory</u>	
		Number	Per cent	Number	Per cent
Entrants	4405	4383	99.5	22	.5
Second age group	1012	1006	99.4	6	.6
Third age group	1338	1332	99.5	6	.5
Other periodic inspections	<u>98</u>	<u>96</u>	<u>97.9</u>	<u>2</u>	<u>2.1</u>
	6853	6817	99.5	36	.5

C - Number of individual children found at routine medical examination to require treatment (excluding uncleanliness and dental disease)

(1) Group	(2) For defective vision (excluding squint)	(3) For all other conditions recorded in table A	(4) Total individual pupils
Prescribed groups:			
Entrants	177	375	530
Second age group	43	113	150
Third age group	<u>40</u>	<u>95</u>	<u>121</u>
Total (prescribed groups)	260	583	801
Other periodic examinations	<u>8</u>	<u>11</u>	<u>17</u>
	268	594	818

Return of defects treated during year ended 31st December 1967

Defective vision and squint (excluding minor eye defects treated as minor ailments)

<u>Defect or disease</u>	Number of cases treated
Errors of refraction (including squint)	1313
Total number of children for whom spectacles were prescribed	865

Treatment of defects of ear, nose and throat

<u>Defect or disease</u>	
Received operative treatment:	
(a) for diseases of ear	9
(b) for adenoids and chronic tonsillitis	378
(c) for other nose and throat conditions	35
Received other forms of treatment	<u>24</u>
Total	446

Uncleanliness and verminous conditions

1. Number of children found unclean	42
2. Number of individual pupils in respect of whom cleansing notices were issued	none
3. Number of individual pupils in respect of whom cleansing orders were issued	none

Handicapped pupils in special schools

Category	In special schools	Awaiting vacancies	Home tuition and tuition in hospitals	In hospital schools	Total	Dis-charged	New cases ascertained in 1967
a) Blind	6	-	-	-	6	2	-
b) Partially sighted	9	3	-	-	12	1	2
c) Deaf	8	-	-	-	6	1	-
d) Partially hearing	Residen- tial 8 Day PD unit 12	- - -	- - -	- - -	20	5	1
e) Educa- tionally sub- normal	Woodeaton Manor 61 Out County 33 Day spe- cial 22 Special classes 165	15 4 4 30	- - - -	- - - -	334	28	40
f) Epileptic	1	-	-	-	1	1	1
g) Mal- adjusted	Hostels 14 Schools 20 Day special 3	- 2 -	- - -	- 10 -	49	8	23
h) Physically handi- capped	Day 11 Board- ing 33	1	2	22	69	5	8
i) Speech	1	-	-	-	1	-	1
j) Delicate	Board- ing 7 Day 8	1 -	2	-	18	5	4

Handicapped pupils

Blind - No pupils were certified as blind. The authority has 6 pupils in residential schools for the blind.

Partially sighted - Two new cases have been reported and 3 pupils were admitted to special schools. 9 partially sighted pupils are now in special schools.

Deaf - No new cases were assessed during the year. At the end of the year 8 pupils were receiving education in boarding schools for the deaf.

Partially hearing - One child was ascertained as partially deaf, and 8 are now receiving education in special schools. 12 children attended the partially deaf unit in schools in Oxford.

Delicate - Four new cases were reported and 1 admission to special schools was arranged. At the end of the year 7 pupils were in attendance at special schools.

Physically handicapped - Eight new cases were reported and 4 were admitted to special schools. At the end of the year 44 physically handicapped pupils were receiving special educational treatment.

Educationally subnormal - 40 children were assessed as requiring education in special schools; 26 were so placed. A total of 116 children are now in day or boardingschools.

Maladjusted - Seven pupils were placed in hostels or boarding special schools. On 31st December 14 children were attending hostels and 20 were attending special boarding schools.

Epileptic - One epileptic child was being educated at a boarding school.

Tuberculosis in school children

Details of investigations and surveys undertaken in schools are given in the section of the report dealing with tuberculosis.

	Skin tested	Nega- tive	Positive				X-rays	
			Previous BCG vaccinations	No pre- vious BCG vaccinations	Not known	No lesion seen	Healed lesion	Requiring follow-up
2 secondary modern schools ages 11-16 years	219	125	31	60	-	273	-	1
1 private boarding school ages 11-18 years	16	10	-	-	6	39	-	1
TOTALS	235	135	31	60	6	312	-	2

The staff and families at these schools were examined.

	Skin tests			X-rays		
Nega- tive	Positive			No lesion seen	Healed lesion	Requiring follow-up
	Previous BCG vaccinations	No pre- vious BCG vaccinations	Not known			
15	-	-	11	144	2	1

BCG vaccination

In the school year consent for Mantoux testing and vaccination was returned for 2942 children, which represents an acceptance rate of 93 per cent. 219 children tested were Mantoux positive, a rate of 7.9 per cent. The number vaccinated was 2429. Details are shown under the immunisation section.

Medical examination of teachers

Since 1st April 1952 all teachers entering the profession and all candidates entering training colleges must have a satisfactory medical examination. During 1967 52 teachers and 218 entrants to training colleges were examined.

Medical examination of children in part-time employment

Forty-six school children who were in part-time employment were examined by the school medical officers. In no case was it considered that such employment would be prejudicial to the health of the children.

